

## ROUTING SLIP FOR INVOICES

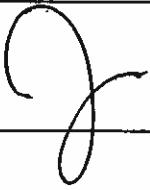
DATE January 12, 2018

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE December-2017

TO LeBlanc

INITIAL REVIEW 

DATE 1/31/18

FSPS2 REVIEW 

DATE

Program Manager 1/2 

DATE 1/31/18

POSTED TO SPREADSHEET  ✓

SENT TO FISCAL 2.1.18 EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT?

COMMENTS:

-\$289.00 computer and -\$109.99 printer because equipment not in budget.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form

Caring To Love Ministries

Contractor Name  
3813 N Flannery Rd  
Mailing Address  
Baton Rouge, LA 70814  
City, State, Zip  
Dorothy Wallis / 225-273-1124  
Contact Person/Telephone Number

December 2017

Service Period

719685

Contractor/PO#

2000 224936-1217

Invoice Number

Received

JAN 12 2018

DCFS  
Economic Stability

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,336.92	\$ 23,543.94	\$ 27,880.86	\$ 45,079.14	
FRINGE BENEFITS	\$ 10,309.44	\$ 684.48	\$ 3,608.69	\$ 4,293.17	\$ 6,016.27	
TRAVEL	\$ 1,080.00	\$ 251.43	\$ 776.02	\$ 1,027.45	\$ 52.55	
OPERATING SERVICES	\$ 60,370.56	\$ 4,566.92	\$ 15,284.30	\$ 19,851.22	\$ 40,519.34	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 11,675.00	\$ 34,825.00	\$ 46,500.00	\$ 47,700.00	
OTHER CHARGES	\$ 434,880.00	\$ 36,955.00	\$ 172,865.00	\$ 209,820.00	\$ 225,060.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 23,750.00	\$ 28,500.00	\$ 28,500.00	
TOTALS	\$ 730,800.00	\$ 69,219.75	\$ 274,652.95	\$ 337,872.70	\$ 392,927.30	\$ -

\$62,820.77  
Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Dorothy Wallis*, President/CEO

Signature of Authorized Contractor Representative and Title

1/11/2018

Date

DCFS Invoice Number					FOR DCFS USE ONLY				
Org		Obj		Rep Cat		Sub Obj		ACTV	
224936 -	4274	3740	5071	Line 2					
	Org	Obj	Rep Cat	Sub Obj					
	Org	Obj	Rep Cat	Sub Obj					

Program  
Compliance  
Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

*Karen Thomas* 1/31/18

Signature and Title of Authorized DCFS Official

Equipment not allowed

*Jeanine LeBlanc* 1/31/18

**Jeanine M. LeBlanc**

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**From:** Jeanine M. LeBlanc  
**Sent:** Thursday, February 01, 2018 1:04 PM  
**To:** 'Dorothy Wallis'  
**Subject:** 2000224936 CtL December 2017 invoice  
**Attachments:** image2018-02-01-124050.pdf

Ms. Wallis:

Attached is a copy of your December 2017 invoice.

\$289.00 HP Compaq computer has been disallowed because this item is considered equipment. Your contract budget does not include equipment.

\$109.99 Epson printer has been disallowed because this item is considered equipment. Your contract budget does not include equipment.

*Jeanine LeBlanc*

Jeanine LeBlanc  
ES Program Consultant  
Dept. Children and Family Services  
627 North Fourth Street, 5-321  
Baton Rouge, LA 70802  
[Jeanine.LeBlanc@la.gov](mailto:Jeanine.LeBlanc@la.gov)  
Office 225-342-5417  
Fax 225-342-2536

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide,</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-1217</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>December 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>955</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>149</u>
CUMMULATIVE 1st MONTHPARTICIPANTS	<u>1104</u>

**SECTION A - SALARY**

Services Coordinator	<u>Sanaretha Gray</u>	<u>1,756.92</u>
Home Prenatal Care Nurse	<u>Kim Hardee</u>	<u>1,600.00</u>
Home Prenatal Care Educator	<u>J Monic Adams</u>	<u>980.00</u>
Clerical Support Specialist		<u>0.00</u>
	<u>TOTAL SALARIES-Direct Svcs</u>	<u>4,336.92</u>

4,336.92 ✓

**SECTION B - FRINGE**

Insurance	<u>Direct Services</u>	<u>250.00</u>
FICA	<u>Direct Services</u>	<u>331.77</u>
Worker's Compensation	<u>Direct Services</u>	<u>102.71</u>
	<u>TOTAL FRINGES-Direct Svcs</u>	<u>684.48</u>

684.48 ✓

**SECTION C - TRAVEL**

Travel	<u>Direct Services</u>	<u>234.09</u>
Travel	<u>Direct Services</u>	<u>17.34</u>
	<u>TOTAL TRAVEL-Direct Svcs</u>	<u>251.43</u>

251.43 ✓

**SECTION D - OPERATING EXPENSES**

Printing <del>Not America 12/1</del>	<u>Direct Services</u>	<u>pd</u>	<u>337.95</u> ✓
Printing <del>Not America 12/1</del>	<u>Direct Services</u>	<u>pd</u>	<u>1,100.00</u> ✓
Office Supplies	<u>Direct Services</u>	<u>pd</u>	<u>1,794.02</u> ↗ <u>1395.03</u>
Copy Machine <del>Do Lagn 12/23</del>	<u>Direct Services</u>	<u>pd</u>	<u>250.00</u> ✓
Internet Service <del>CT2/Att 12/12</del>	<u>Direct Services</u>	<u>pd</u>	<u>195.00</u> ✓
Media	<u>Direct Services</u>		<u>0.00</u>
Website <del>Wulfo 12/20</del>	<u>Direct Services</u>	<u>pd</u>	<u>14.95</u> ✓
KNOWforSURE <del>12/31</del>	<u>Direct Services</u>	<u>pd</u>	<u>875.00</u> ✓

TOTAL OPERATING EXPENSES FOR MONTH

4,566.92

4,167.93

**LIFE CHOICE PROJECT**  
**PROVIDER REQUEST FOR PAYMENT**  
**COST REIMBURSEMENT INVOICE**  
**CONTRACTOR:** Caring to Love Ministries

J. Ham - 12/31 - \$800.00 pd.  
 S. Kray - 12/31 - \$250.00 pd  
 M. Ryers - 12/29 - \$250.00 pd  
 E. Elligan - 12/31 - \$150.00 pd  
 A. Farr - 12/30 - \$500.00 pd  
\$1950.00

**SECTION F - PROFESSIONAL**

Accounting Services	Vickie Davis	December	2,200.00	✓ pd
Performance Improvement Coor	Garcia Bodley	12/31/17	1,125.00	✓ pd
Public Relations/Media Coord	Randy Rice	12/31/17	700.00	✓ pd
Webmaster/Info Tech Cons.	Kathleen Benfield	12/31/17	700.00	✓ pd
Information Technology Cons.	Turnkey	12/1/17	250.00	✓ pd
Auditor Services	Michael Choate, CPA	12/29/17	750.00	✓ pd
Professional Technical Svc	JHam/Rita			
	Michelle/Emily/Alexis		1,950.00	
				<u>11,675.00</u>
				<u>11,675.00</u>

**TOTAL PROFESSIONAL**

**SECTION G-OTHER CHARGES**

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	149	1,490.00
Positive Pregnancy Test	\$ 10.00	170	1,700.00
Negative Pregnancy Test	\$ 10.00	34	340.00
Abstinence Education	\$ 30.00	34	1,020.00
Counseling	\$ 40.00	191	7,640.00
Referral Services	\$ 10.00	215	2,150.00
Health Risk Assessment	\$ 30.00	228	6,840.00
Care Plan Development	\$ 30.00	115	3,450.00
On-going Care	\$ 30.00	126	3,780.00
Family Support Services	\$ 40.00	80	3,200.00
Home Outreach Support Services	\$ 75.00	51	3,825.00
Birth Outcome Confirmation	\$ 40.00	38	1,520.00
<b>TOTAL OTHER CHARGES</b>			<u>36,955.00</u>

**SECTION I - INDIRECT COST**

Project Administrator	Dorothy Wallis	4,500.00	
Health Insurance		250.00	
<b>TOTAL INDIRECT COST</b>		<u>4,750.00</u>	<u>4,750.00</u>

**TOTAL INVOICE**

\$ 63,219.75  
\$ 62,820.77  
1/11/2018

Authorized Signature per Dorothy Wallis

Project Administrator

Date

OFS Approval

Telephone Number

1/11/2018

Date

\*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL  
 PAYMENT MANAGEMENT/CONTRACTS  
 PO BOX 3927  
 BATON ROUGE, LOUISIANA

Page 3/3

# Life Choice Project

*Coordinated Prenatal Care for  
Louisiana's Pregnant Women*

December 11, 2017

Department of Social Services  
Office of Family Support  
627 North 4<sup>th</sup> Street  
5<sup>th</sup> Floor Cubicle 5-321  
Baton Rouge, Louisiana 70802

**RE: 2000224936 CTL Alternative to Abortion  
December 2017-2018 Reimbursement Invoice**

Dear Ms. Leblanc,

Please find attached, our December 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of December 2017.

This is to advise you that due to extenuating circumstances following the August 2016 flood event. Women's Life Ministries has been struggling in recapturing its client volume. Subsequently, the center is no longer a provider under the Louisiana Life Choice Project effective December 31, 2017.

Under Category Auditor, because of their cred card malfunction the auditor signed the invoice I put the confirmation number on the invoice.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at any time.

I remain,



Dorothy Wallis  
Program Administration  
Caring to Love Ministries



## ***Delivery Confirmation***

I, the undersigned, acknowledge receipt of the following:

- **Letter to Ms. Jeanine Le Blanc**
- **One Copy**
- **Cover Letter**
- **Cost Reimbursement Invoices for December 2017**
- **Section A: Salary**
- **Section B: Fringe**
  - **FICA**
  - **LCTA – Worker Compensation**
- **Section C: Travel**
- **Section D: Operating Expenses**
  - **Cancelled Checks and Wire Transfers**
- **Section F: Professional services**
  - **Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- **Section G: Other Charges – Coordinated Prenatal Care Services**
  - **Subcontractors' Front Page and Wire Transfer**
- **Section I: Indirect Costs- Project Administrative**
  - **Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- **TANF –MOS Report December 2017**

*Please sign and return via scanned or email to dwallis@ctlm.org*

**Thank You,**

**P.O.# 200 224936 - 1217**  
**ACH Transfer Detail Grid for December 2017**

ection	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Str Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	24-27,29-30	28,31	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	36	37	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	39-44	45	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	46	47	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	48-49	50	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	51-54	55	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	56	57	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	58-59	60	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	CPC-Gonzales	61	62	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	69	70	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	72-73	74	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	75	76	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	77	78	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	79	80	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	85	86	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	87	88	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	89	90	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	91	92	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	93	94	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	97	99	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	100	102	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	103	105	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	106	108	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	109	111	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	112	114	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	115	117	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	119	120	Gulf Coast Bank & Tst	5



Gulf Coast Bank and Trust Company LCP CHECKING 6649

\$1,666.26

Available Balance

Last Updated: 1/11/2018 10:58 AM

Start Date	End Date	Transaction Type
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1/10/2018	<input type="button" value="31"/> to 1/11/2018	<input type="button" value="31"/>
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Min Amount	Max Amount	Check #
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\$0.00	to	\$0.00	to
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[Apply Filters](#)[Reset](#)

Act  
Page #

Date	Description	Amount
JAN 10 2018	Care Preg Ctr-Dec17	99 (\$14,965.00)
JAN 10 2018	A Preg Ctr-Dec17	105 (\$8,390.00)
JAN 10 2018	WRC Natch-Dec17	102 (\$4,930.00)
JAN 10 2018	D Wallis-Dec 2017	120 (\$4,500.00)
JAN 10 2018	Restoration-Dec17	114 (\$3,640.00)
JAN 10 2018	DMS-Dec 2017	74 (\$2,200.00)
JAN 10 2018	Catholic-Dec17	108 (\$2,140.00)
JAN 10 2018	WLM-Dec17	111 (\$1,970.00)
JAN 10 2018	ResourcesForComm-Dec17	76 (\$1,125.00)

5

		<u>Act Pg #</u>	
JAN 10 2018	Rice and Assoc-Printing	57	(\$1,100.00)
JAN 10 2018	CPC Gonzales-Dec17	117	(\$920.00)
JAN 10 2018	SFW-Dec 2017	70	(\$875.00)
JAN 10 2018	J Ham-Dec 2017	86	(\$800.00)
JAN 10 2018	K Benfield Dec 2017	80	(\$700.00)
JAN 10 2018	Rice & Assoc-P/R	78	(\$700.00)
JAN 10 2018	A Farrugia-Dec2017	94	(\$500.00)
JAN 10 2018	CPC-Ofc Supplies	60	(\$449.00)
JAN 10 2018	APCC-Ofc Supplies	50	(\$377.00)
JAN 10 2018	WRC-Ofc Supplies	55	(\$330.00)
JAN 10 2018	Restoration Ofc Supply	45	(\$278.60)
JAN 10 2018	M Dyess-Dec 2017	90	(\$250.00)
JAN 10 2018	S Gray-Dec 2017	88	(\$250.00)
JAN 10 2018	Travel- J Adams	28	(\$234.09)
JAN 10 2018	WLM-Ofc Supplies	57	(\$173.42)
JAN 10 2018	E Ilgenfritz-Dec 2017	92	(\$150.00)
JAN 10 2018	Catholic Charities-Ofc Supply	47	(\$116.00)

JAN 10 CPC Gonzales-Ofc Supplies Act Pg #  
2018 62 (\$70.00)

JAN 10 Travel-Dec Kim Hardee 31 (\$17.34)  
2018

**PO# 2000 224936**

**SECTION A**

**SALARY**

**SECTION A - SALARY**  
**Caring To Love Ministries**  
**LCP Payroll Summary**  
December 2017

	<u>Adams, Jashonda M</u>	<u>Gray, Sanaretha M</u>	<u>Hardee, Kim A</u>	<b>TOTAL</b>
<b>Employee Wages, Taxes and Adjustments</b>				
<b>Gross Pay</b>				
Care Pregnancy Clinic Salary	1,756.92	1,900.00	2,874.68	6,531.60
Couselling Center Salary	0.00	0.00	0.00	0.00
<b>Total Gross Pay</b>	<b>1,756.92</b>	<b>1,900.00</b>	<b>2,874.68</b>	<b>6,531.60</b>
<b>Deductions from Gross Pay</b>				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
<b>Total Deductions from Gross Pay</b>	<b>0.00</b>	<b>0.00</b>	<b>-452.22</b>	<b>-452.22</b>
<b>Adjusted Gross Pay</b>	<b>1,756.92</b>	<b>1,900.00</b>	<b>2,422.46</b>	<b>6,079.38</b>
<b>Taxes Withheld</b>				
Federal Withholding	0.00	-218.00	-313.00	-531.00
Medicare Employee	-25.47	-27.55	-41.68	-94.70
Social Security Employee	-108.93	-117.80	-178.23	-404.96
LA - Withholding	-36.97	-53.64	-65.56	-156.17
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
<b>Total Taxes Withheld</b>	<b>-171.37</b>	<b>-416.99</b>	<b>-598.47</b>	<b>-1,186.83</b>
<b>Net Pay</b>	<b>1,585.55</b>	<b>1,483.01</b>	<b>1,823.99</b>	<b>4,892.55</b>
<b>Employer Taxes and Contributions</b>				
Medicare Company	25.47	27.55	41.68	94.70
Social Security Company	108.93	117.80	178.23	404.96
<b>Total Employer Taxes and Contributions</b>	<b>134.40</b>	<b>145.35</b>	<b>219.91</b>	<b>499.66</b>

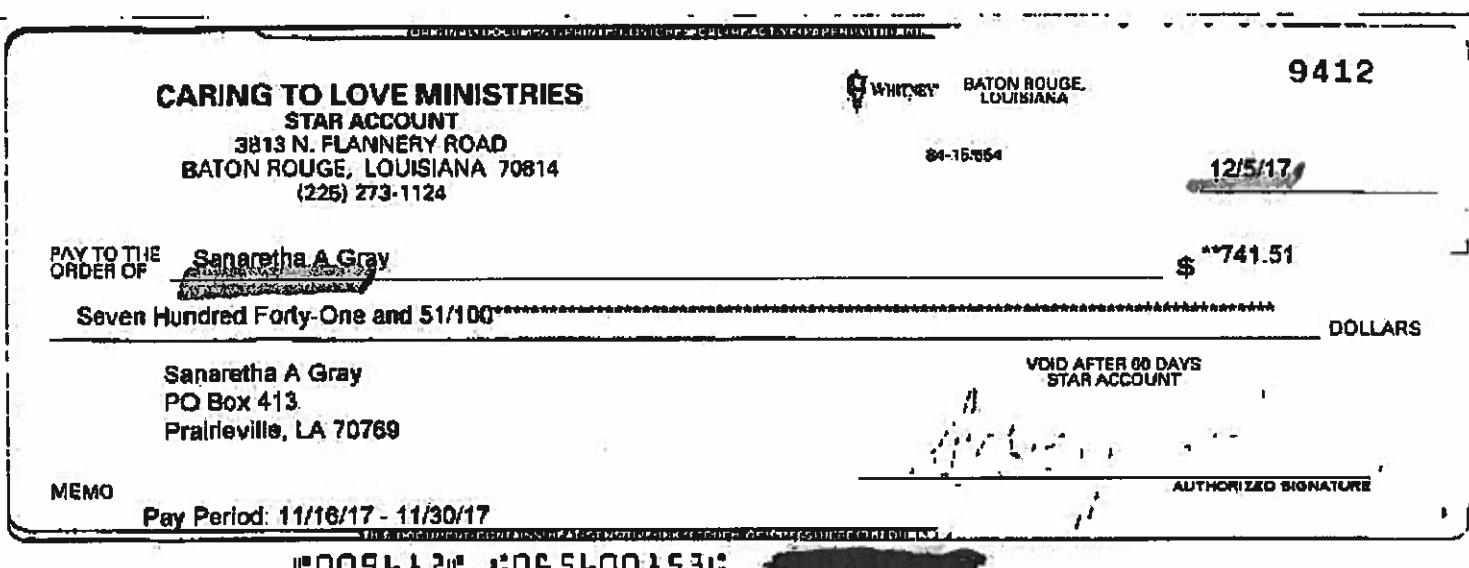
<b>Position-Direct Services</b>	<b>Employee Name</b>	<b>Salary</b>	<b>Blue Cross</b>	<b>FICA</b>	<b>Worker's Comp</b>	<b>Total Fringe</b>	<b>Total</b>
Services Coordinator	Sanaretha Gray	1,756.92		134.40	41.61	176.01	1,932.93
Home Prenatal Care Nurse	Kim Hardee	1,600.00	250.00	122.40	37.89	410.29	2,010.29
Home prenatal Care Educator	J Monic Adams	980.00		74.97	23.21	98.18	1,078.18
Clerical Support							
<b>TOTALS</b>		<b>4,238.92</b>	<b>250.00</b>	<b>331.77</b>	<b>102.71</b>	<b>684.48</b>	<b>5,021.40</b>

**NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.**

## Transactions Details

Posting Date	12/08/2017
Transaction Date	12/08/2017
Description	DDA CHECK 0000009412
Transaction Type	Debit
T/C	0077
Amount	\$741.51
Balance	\$4,374.31

Front	Back
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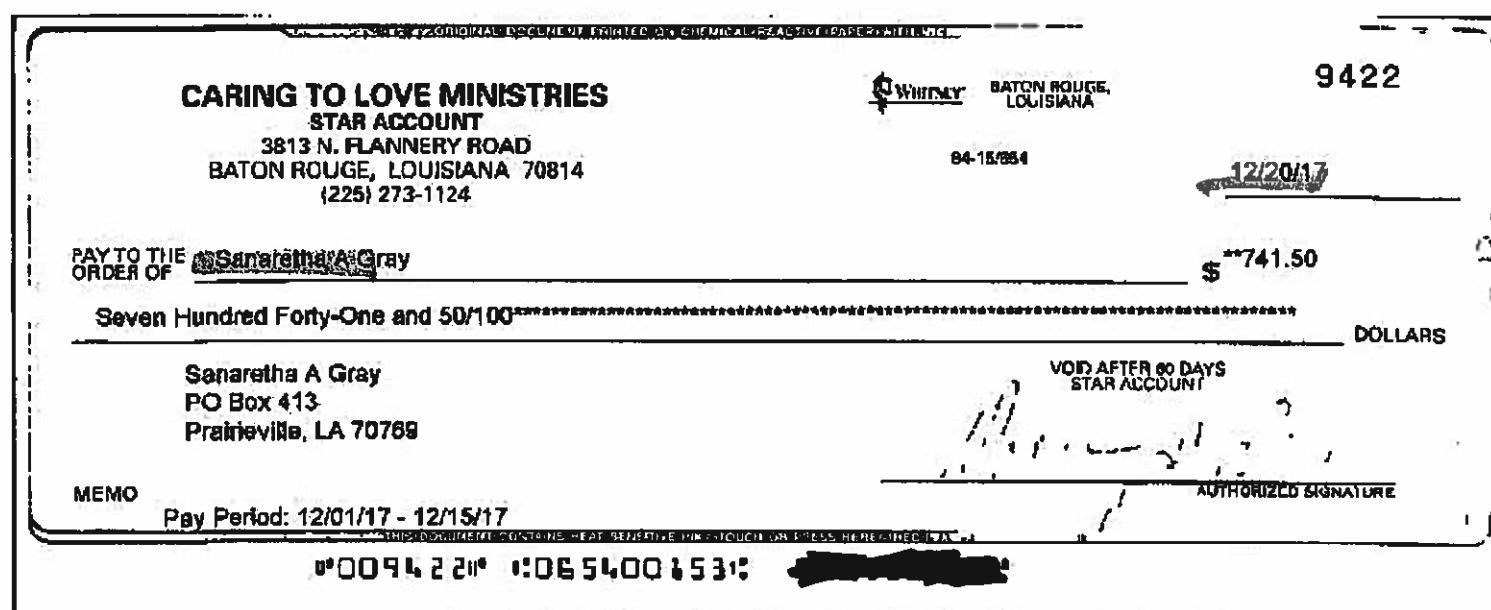


**SECTION A-PERSONNEL SERVICES-Services Coordinator**

**LCP Budget to reimburse CTLM = \$1756.92 for month**

## Transactions Details

Posting Date	12/22/2017
Transaction Date	12/22/2017
Description	DDA CHECK 0000009422
Transaction Type	Debit
T/C	0077
Amount	\$741.50
Balance	\$11,175.11



SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1756.92 for month

## Transactions Details

Posting Date	12/22/2017
Transaction Date	12/22/2017
Description	DDA CHECK 0000009413
Transaction Type	Debit
T/C	0077
Amount	\$976.46
Balance	\$11,916.61

Front	Back
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**CARING TO LOVE MINISTRIES**  
 STAR ACCOUNT  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LOUISIANA 70814  
 (225) 273-1124

**Hancock Whitney** BATON ROUGE,  
 LOUISIANA

**9413**

8415884

12/5/17

PAY TO THE ORDER OF Kim A Hardee

\$ 976.46

Nine Hundred Seventy-Six and 46/100

DOLLARS

Kim A Hardee  
 15947 Haynes Bluff Ave  
 Baton Rouge, LA 70817

VOID AFTER 90 DAYS  
 STAR ACCOUNT

*Debra M. Hardee*

AUTHORIZED SIGNATURE

MEMO

Pay Period: 11/10/17 - 11/30/17

#0094 6310 4065400 6531

**SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse**

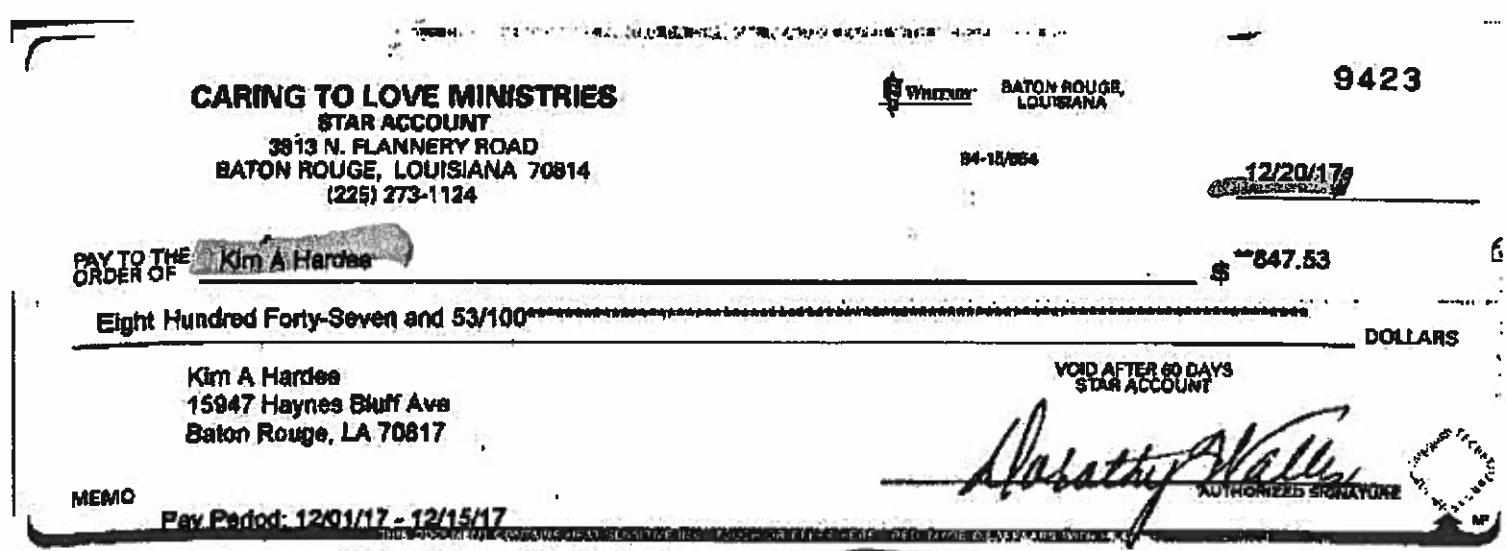
**LCP Budget to reimburse CTLM = \$1600.00 for month**

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## Transactions Details

Posting Date	12/22/2017
Transaction Date	12/22/2017
Description	DDA CHECK 0000009423
Transaction Type	Debit
T/C	0077
Amount	\$847.53
Balance	\$10,327.58

Front	Back
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**SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse**

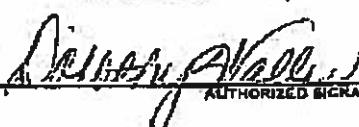
**LCP Budget to reimburse CTLM = \$1600.00 for month**

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### Transactions Details

Posting Date	12/05/2017
Transaction Date	12/05/2017
Description	TELLER CASHED DEBIT 0000009409
Transaction Type	Debit
T/C	0040
Amount	\$847.33
Balance	\$11,003.40

Front  Back

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9409
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u>		84-15684
Eight Hundred Forty-Seven and 33/100		12/5/17
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		\$ 847.33
MEMO Pay Period: 11/16/17 - 11/30/17		DOLLARS
VOID AFTER 90 DAYS STAR ACCOUNT		
 AUTHORIZED SIGNATURE		
SECTION A-PERSONNEL:SERVICES Home Prenatal Care Educator		

LCP Budget to reimburse CTLM = \$980.00 for month

14

## Transactions Details

Posting Date	12/20/2017
Transaction Date	12/20/2017
Description	TELLER CASHED DEBIT 0000009420
Transaction Type	Debit
T/C	0040
Amount	\$738.22
Balance	\$8,580.18

CARING TO LOVE MINISTRIES STAR ACCOUNT 3819 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9420
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u>		84-154654 12/20/17
Seven Hundred Thirty-Eight and 22/100		\$ 738.22 DOLLARS
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		VOID AFTER 60 DAYS STAR ACCOUNT
MEMO	Pay Period: 12/01/17 - 12/15/17	
SECTION A-PERSONNEL SERVICES Home Care Educator		

LCP Budget to reimburse CTLM = \$980.00 for month

**PO# 2000 224936**

**SECTION B**

**FRINGES**

GBS77117000183020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814

Group ID:	274616 INC
Subgroup ID:	0000

Due Date: 12/15/2017  
Billing Date: 11/29/2017

Invoice Period From: 12/15/2017  
Invoice Period Through: 01/14/2018  
Invoice Number: 173330001147

**Subscriber Count: 2**

Outstanding Balance.....	\$2,134.03
Premiums This Period.....	\$2,134.03
Member Adjustments.....	\$0.00
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$2,134.03

*Pd in person  
11/30/17  
(CJ)*

**Please Pay Total Amount Due***5225 Employee Benefits-CDC*

274616 INC	274616 INC
------------	------------

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➔

**SECTION B-FRINGES-Insurance****LCP Budget to reimburse CTLM = \$250.00 for month**

Group Name: CARING TO LOVE MINISTRIES  
Group ID: 27A61ERC  
Subgroup ID: 0000  
Due Date: 12/15/2017

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Marie, Karen S	202227628	PPO	\$0.00	\$1,244.65	0	\$1,244.65
Wallis, Dorothy T	200579064	PPO	\$0.00	\$889.38	0	\$889.38
<b>Totals</b>						<b>\$2,134.03</b>

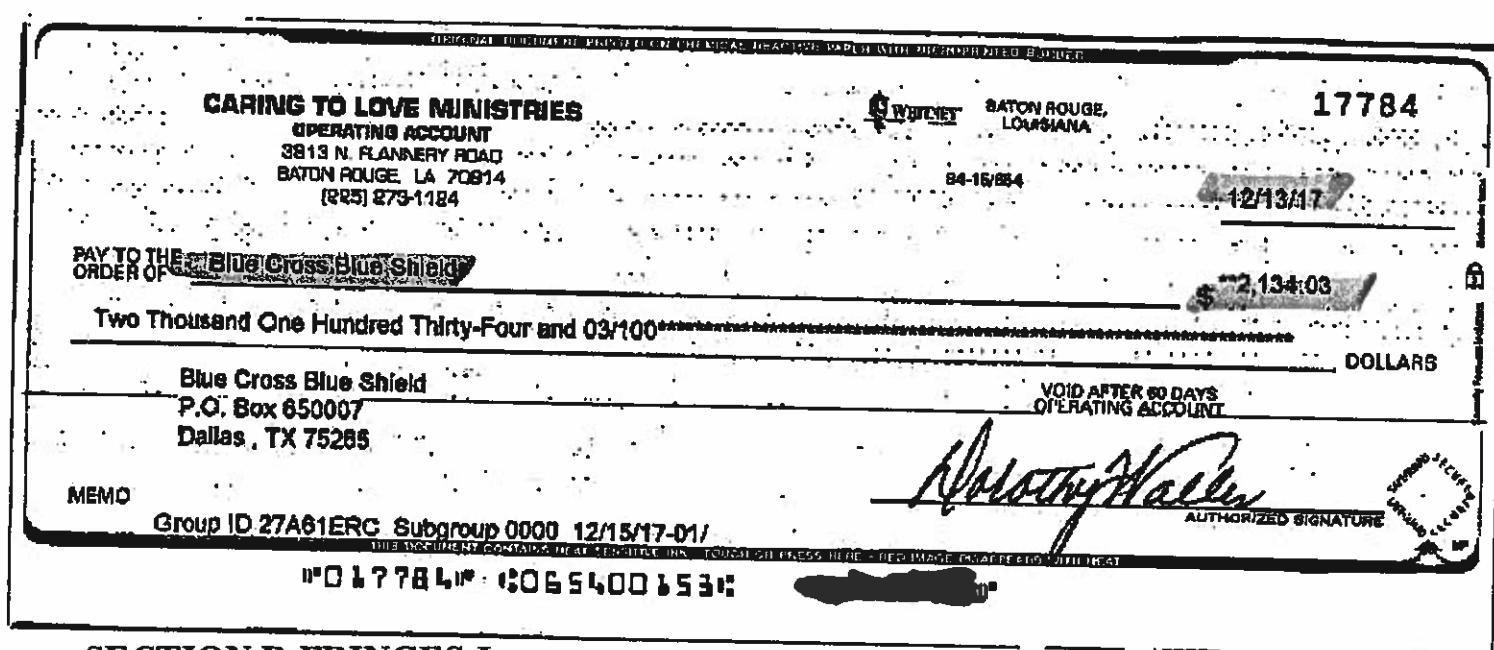
**SECTION B-FRINGES-Insurance**

**LCP Budget to reimburse CTLM = \$250.00 for month**

## Transactions Details

Posting Date	12/19/2017
Transaction Date	12/19/2017
Description	DDA CHECK 0000017784
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$12,416.09

Front	Back
-------	------





HOME

ENROLLMENT

MY PROFILE

PAYMENTS

HELP &amp; INFORMATION

CONTACT US

LOGOUT

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxx7636

## Deposit Confirmation

Your payment has been accepted.

### Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

### REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270841041722604
-----------------------------	-----------------

#### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

#### Payment Information      Entered Data

Taxpayer EIN	xxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	04/2017
Payment Amount	\$3,058.02
Settlement Date	01/10/2018
<b>Subcategories:</b>	
1 Social Security	\$1,794.38
2 Medicare	\$419.64
3 Tax Withholding	\$844.00
Account Number	xxxx6685
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

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[USA.gov](#)   [IRS.gov](#)   [Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-1217

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$331.77 for month

20

PO# 2000 224936-1217

Section 1-Fringes Workers' Comp



Workman's Comp Life Choice \$102.71 Section B

LCTA CASUALTY INSURANCE COMPANY CTLM \$156.29

## SELF-REPORTING WORKSHEET

Total= \$259.00

Policy Year 117  
Print Date: 12/26/2017

Care Pregnancy Clinic  
Caring to Love Ministries Inc  
3813 N Flannery  
Baton Rouge, LA 70814

Agent: 578  
Ozark South Central Insurance  
(226)775-7614  
Carrier Policy #: WC-1-019438-117  
Rating State: LA  
Payment Due: 1/15/2018

Policy period: 1/01/2017 - 1/01/2018  
Reporting Period: 12/01/2017 - 12/31/2017

Policy No.: 001000019438117 Division: 0

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	<u>7417.31</u>	.29	<u>21.51</u>
8864	Social Svcs Org-All Employees	<u>9003.60</u>	2.58	<u>232.29</u>
	Life Choice = \$102.71			
	CTL M = \$156.29			
	TOTAL = \$259.00			
	**** If no payrolls, report "none" ****			
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>253.80</u>
		(7) Increased Limits .000%	+	
		(8) Subtotal	=	<u>253.80</u>
		(9) Discount factor before modifier	x	1.000
		(10) Subtotal	=	<u>253.80</u>
		(11) Experience Modifier	x	
		(12) Subtotal	=	<u>253.80</u>
		(13) Discount factor after modifier	x	1.000
		(14) Total Premium Due	=	<u>253.80</u>
Months not reported:		(15) Add Cents to round		<u>.7.20</u>
		(16)	+	<u>254.00</u>
		(17) Previous Balance	+	.00
		(18) Total Due	=	<u>254.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

## Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Enter the premium in column (5), and enter the result in box (6). Multiply box (6) by the increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (8), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vicki DivenTitle: AccountantDate: 1/19/18

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# Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

BusinessServices@intuit.com

Tue 1/9/2018 1:24 PM

To:luv luv <luv@ctlm.org>;

## Dear Care Pregnancy Clinic - 19438

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

<b>Transaction Receipt</b>			
Transaction Type	<b>Sale</b>	Amount:	<b>\$259.00</b>
Name:	<b>Care Pregnancy Clinic - 19438</b>	Date & Time:	<b>01/09/2018 - 11:24 PST</b>
<b>Check Information</b>			
Account No.:	<b>*****69</b>	Account type:	<b>Checking</b>
Routing No.:	<b>*****153</b>		
<b>Payment ID</b>			
Authorization Code:	<b>712-743</b>	Transaction ID:	<b>a0hhqm7</b>

**Thank you for your order,**  
LCTA CASUALTY INSURANCE COMPANY

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$259.00 on or after 01/09/2018 - 11:24 PST . If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

**PO# 2000 224936-1217**

**Section B-Fringes-Worker's Comp**

**Page 2 of 2**

**SECTION 1-FRINGES-Worker's Comp**

**LCP Budget to reimburse CTLM = \$102.71 for month**

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**PO# 2000 224936**

**SECTION C**

**TRAVEL**

## TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jenanda Adams

ADDRESS  
11625 Sherwood Valley CTCITY  
Baton Rouge

DATE OF CLAIM

10-31-17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

12/1/17-12/31/17

## Expense Summary

Automobile:	Lump-Sum Allowance	\$	\$ 234.09
	Per Mile Cost: 459	mi. @ .51	
Subsistence:	Lodging	\$	\$
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	
Tolls and Parking		\$	
Tips (for baggage handling only)		\$	
Other Expenses		\$	
Less: Travel Advance		\$	
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients		\$ 234.09

## Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

Home Prenatal Care Educator  
TITLE OR POSITIONEast Baton Rouge  
OFFICIAL DOMICILE

## Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

CEO/President

NAME

SIGNED BY:

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

**ACH = \$234.09**

23

**ACH = \$234.09**

SECTION C - Travel									
Substance		Meals		Tolls and Parking		Tips		Other Expenses	
Date	Dep	Arr	Territory Traveled	Depart	Arrive	Miles	Cost	Description	Cost
12/14/2017	11:06:00 AM	11:35:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 10012 Ponder Ln, BR, LA 70706	116065	116077	12			
12/14/2017	11:51:00 AM	12:12:00 PM	10012 Ponder Ln, BR, LA 70706 to 3813 N. Flannery Rd, BR, LA 70814	116077	116089	12			
12/14/2017	2:12:00 PM	2:25:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 1809 Sherwood Forest Blvd, BR, LA 70816	116089	116094	5			
12/14/2017	2:42:00 PM	3:10:00 PM	1809 Sherwood Forest Blvd, BR, LA 70816 to 3813 N. Flannery Rd, BR, LA 70814	116094	116099	5			
12/15/2017	11:20:00 AM	11:45:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 15555 Jefferson Hwy, BR, LA 70817	116103	116114	11			
12/15/2017	12:29:00 PM	1:00:00 PM	15555 Jefferson Hwy, BR, LA 70817 to 6515 Hanks St, BR, LA 70812	116114	116125	11			
12/15/2017	1:30:00 PM	1:39:00 PM	6515 Hanks St, BR, LA 70812 to 1076 N Donmoor Ave, BR, LA 70806	116125	116129	4			
12/15/2017	1:55:00 PM	2:01:00 PM	1076 N Donmoor Ave, BR, LA 70806 to 8899 Florida Blvd, BR, LA 70815	116129	116132	3			
12/15/2017	2:30:00PM	3:20:00PM	8899 Florida Blvd, BR, LA 70815 to 8565 Leake Ave, BR, LA 70810	116132	116143	11			
12/15/2017	4:38:00 PM	5:17:00 PM	8565 Leake Ave, BR, LA 70810 to 3813 N. Flannery Rd, BR, LA 70814	116143	116159	16			
12/20/2017	10:44:00 AM	11:16:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 363 Mills Ave apt #22, BR, LA 70807	116254	116268	14			
12/20/2017	11:40:00 AM	12:10:00 PM	363 Mills Ave apt #22, BR, LA 70807 to 6535 Magnolia Beach Rd, DS, LA 70814	116268	116284	16			
12/20/2017	12:33:00 PM	12:46:00 PM	6535 Magnolia Beach Rd, DS, LA 70814 to 3813 N. Flannery Rd, BR, LA 70814	116284	116291	7			
						0			

1

Total Miles Traveled      Rate per Mile      Total Amount to Bill

$$\frac{127}{0.51} \checkmark$$

ACH = \$234.09

Date	Hour (AM/PM)	Dep	Arr	Territory Traveled		Odometer	Miles	Subsistence			Other Expenses Description	Cost
				Lodging	Meals			Tolls and Parking	Tips			
				Dep	Arrive	Trav		No.	Cost			
12/21/2017	10:33:00 AM	10:52:00 AM	3813 N Flannery Rd, BR, LA 70814 to 3485 Cedarcrest Ave, BR, LA 70816	116316	116325	9						
12/21/2017	11:18:00 AM	11:38:00 AM	3485 Cedarcrest Ave, BR, LA 70816 to 3813 N Flannery Rd, BR, LA 70814	116325	116334	9						
12/22/2017	12:57:00 PM	1:05:00 AM	3813 N Flannery Rd, BR, LA 70814 to 9532 Glensade Ave, BR, LA 70814	116370	116374	4						
12/22/2017	1:26:00 PM	2:26:00 PM	9532 Glensade Ave, BR, LA 70814 to 7446 Solitude RD St Francisville, WF 70775	116374	116415	41						
12/22/2017	2:42:00 PM	4:20:00 PM	7446 Solitude RD St Francisville, WF 70775 to 3813 N Flannery Rd, BR, LA 70814 to	116415	116456	41						
12/27/2017	10:55:00 AM	11:28:00 AM	3813 N Flannery Rd, BR, LA 70814 to 8166 Plank Rd, BR, LA 70811	116700	116710	10						
12/27/2017	12:17:00 PM	12:52:00 PM	8166 Plank Rd, BR, LA 70811 to 122 N. Lobdell Ave, BR, LA 70806	116710	116718	8						
12/27/2017	1:11:00 PM	1:48:00 PM	122 N. Lobdell Ave, BR, LA 70806 to 20011 Eastwood Dr Zachary, LA 70791	116718	116740	22						
12/27/2017	2:10:00 PM	2:57:00 PM	20011 Eastwood Dr Zachary, LA 70791 to 3813 N Flannery Rd, BR, LA 70814	116740	116762	22						
12/28/2017	9:17:00 AM	9:39:00 AM	3813 N Flannery Rd, BR, LA 70814 to 10501 Burbank Dr, BR, LA 70810	116771	116784	13						
12/28/2017	9:53:00 AM	10:33:00 AM	10501 Burbank Dr, BR, LA 70810 to 3813 N Flannery Rd, BR, LA 70814	116784	116797	13						

 Total Miles Traveled  
 Rate per Mile  
 Total Amount to Bill

 192 /  
 140  
 + 127  
 197  
 - 45  
 152


ACH = \$234.09



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59096	LCP CHECKING xxxxxx6649	\$234.09

Tracking ID: 59096

Total Amount: \$234.09

Created: 01/09/2018 9:46 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 9:47 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

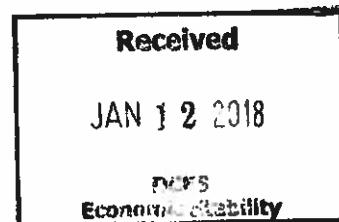
## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$234.09	XXXX6569	Checking	XXXXXX0153	

Addenda: Travel- J Adams

## APPROVAL(S):

1 DOROTHY WALLIS



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## TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$17.34

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Kim A. Handed RN

ADDRESS 15847 Haynes Bluff Ave.

Baton Rouge, La. 70817

DATE OF CLAIM

DEPARTMENT

DIVISION Travel

12/01/2017-12/31/17

## Expense Summary

Automobile:	Lump-Sum Allowance	\$	
	Per Mile Cost: 34	mi. @ .51	\$ 17.34
Subsistence:	Lodging	\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	
Tolls and Parking		\$	
Tips (for baggage handling only)		\$	
Other Expenses		\$	
Less: Travel Advance		\$	
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients	\$ 17.34	

## Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

*Kim Handed RN*

TITLE OR POSITION

Home Prenatal Care Nurse

OFFICIAL DOMICILE

E. Baton Rouge

## Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

*Dorothy Wallis*

CEO/President

SIGNED BY:

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference





**ACH = \$17.34**

Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59099	LCP CHECKING xxxxxx6649	\$17.34

**Tracking ID: 59099**

**Created: 01/09/2018 9:48 AM**

**Created By: DOROTHY WALLIS**

**Authorized: 01/09/2018 9:48 AM**

**Authorized By: DOROTHY WALLIS**

**Will process On: 1/9/2018**

**Effective: 1/10/2018**

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$17.34	XXXX6569	Checking	XXXX0153	

**Addenda: Travel-Dec Kim Hardee**

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936**

**SECTION D**

operating 0.0  
0.0

337.95 +  
1,100.00 +  
1,437.95 \*

printing 1,437.95 +  
ofc sup 1,395.03 +  
copy 250.00 +  
internet 195.00 +  
website 14.95 +  
knowforsure 875.00 +  
4,167.93 \*

0.0

**OPERATING EXPENSES**

printing: AT America 12/1/17 \$163.95 pd  
AT America 12/1/17 - \$174.00 pd  
337.95  
Rand, Rice 12/3/17 \$1,100.00 pd  
\$1,437.95

# Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575  
Fax: 866 324-5531

Date	Invoice #
12/1/2017	226036

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95

PO# 2000 224936-1217

Page 1 of 3

**SECTION D-Operating Expense-Printing**

**LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America**

	Total	\$163.95
--	-------	----------

# Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575  
Fax: 866 324-5531

Date	Invoice #
12/1/2017	226035

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00

PO# 2000 224936-1217

Page 2 of 3

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Total

\$174.00

## Transactions Details

Posting Date	12/11/2017
Transaction Date	12/11/2017
Description	DDA CHECK 0000017778
Transaction Type	Debit
T/C	0077
Amount	\$337.95
Balance	\$858.74

**CARING TO LOVE MINISTRIES**  
 OPERATING ACCOUNT  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LA 70814  
 (228) 273-1124

Whitney BATON ROUGE,  
 LOUISIANA

17778

84-16584

12/1/17

PAY TO THE ORDER OF Ad America

Three Hundred Thirty-Seven and 95/100

DOLLARS

Ad America  
 18308 Wickham Rd, Ste B  
 Olney, MD 20832

VOID AFTER 90 DAYS  
 OPERATING ACCOUNT

PO# 2000 224936-1217  
 MEMO

*Maryann Waller*  
 AUTHORIZED SIGNATURE

SECTION D - OPERATING ACCOUNT NUMBER: 17778  
 1017781001530

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

35

**Randy Rice and Associates** C.P. Budget to reimburse \$1100 Randy Rice & Assoc. **Invoice**

8221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451

DATE	INVOICE #
6/21/2017	13952

Caring to Love Ministries  
3813 North Flannery  
Baton Rouge, La 70814

DESCRIPTION	AMOUNT
Social Media Advertising December	
Social Media Ad Campaign - Facebook & Instagram	1,100.00
16,295 People Reached, 307 Post Engagements	
Thank you for your business.	
	<b>Total</b>
	\$1,100.00

## LCP Budget to reimburse \$1100 Randy Rice &amp; Assoc.



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59131	LCP CHECKING xxxxx6649	\$1,100.00

**Tracking ID:** 59131

**Total Amount:** \$1,100.00

**Created:** 01/09/2018 10:12 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 10:13 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$1,100.00	XXXXX7939	Checking	XXXXX0137	

**Addenda:** Rice and Assoc-Printing

**APPROVAL(S):**

1 DOROTHY WALLIS

**Jeanine M. LeBlanc**

---

**From:** Dorothy Wallis <dwallis@ctlm.org>  
**Sent:** Wednesday, January 31, 2018 12:10 AM  
**To:** Jeanine M. LeBlanc  
**Subject:** 2nd Reply 2000224936 CtL December 2017 invoice

Jeanine,

In regards to the ATA funding for grant period 17-18, in Section D of the Operating Expenses Office Supplies budget category

Caring To Love Ministries approved budget was \$3600 for 12 months. There are two disbursements of \$1800 that was allocated between, our six subcontractors based on their average performance of services.

When an agency is not fully reimbursed that is because the subcontractor exceeded their allocation for the period.

We trust this is the explanation needed. If I may be further assistance, please contact me. Please confirm receipt of this email.

Again Thanks,  
Dorothy Wallis

Sent from my iPhone

On Jan 29, 2018, at 8:24 AM, Jeanine M. LeBlanc <[Jeanine.LeBlanc.DCFS@LA.GOV](mailto:Jeanine.LeBlanc.DCFS@LA.GOV)> wrote:

Ms. Wallis:

These calculations do not show how you arrived at \$377.00 reimbursement for \$626.38 (\$337.38 & \$289.00) for supplies for A Pregnancy Center and Clinic. Please provide this information.

---

**From:** Jeanine M. LeBlanc  
**Sent:** Monday, January 29, 2018 9:36 AM  
**To:** 'Dorothy Wallis'  
**Subject:** RE: 2000224936 CtL December 2017 invoice

Thank you.

I will let you know if we need anything else.

*Jeanine LeBlanc*

Jeanine LeBlanc

ES Program Consultant

Dept. Children and Family Services

627 North Fourth Street, 5-321

Baton Rouge, LA 70802

Jeanine.LeBlanc@la.gov

Office 225-342-5417

Fax 225-342-2536

---

**From:** Dorothy Wallis [mailto:[dwallis@ctm.org](mailto:dwallis@ctm.org)]  
**Sent:** Friday, January 26, 2018 10:59 PM  
**To:** Jeanine M. LeBlanc  
**Cc:** Dorothy Wallis  
**Subject:** 2000224936 CtL December 2017 Invoice

*Afternoon Jeanine,*

*As busy as you are, we're trusting you're doing well. When you open the first two files you will see the credit card receipt for the payment of the balance due for our yearly audit. Micheal Choate assistant had trouble printing the receipt by the time we delivered our billing.*

*In regards to the calculations establishing how the percentages are determined. In the Section D, Operating Expenses Office Supplies Summary form submitted in our December billing highlighted in yellow is the percentages reflecting how much was allotted to each sub-contractor.*

*The office supply allocation is based on each sub-contractors service performance. The comparison table indicates the average of total services, Home Outreach and Intakes. The Care Pregnancy Clinic allotted Women's Life some of their office supply portion because Women's Life was struggling to recapture their client volume following the August 2016 flood.*

*Should you have any questions or if I may be of further assistance please contact me anytime. Please confirm receipt of this email.*

<image001.png>

**“Teamwork can help you accomplish greatness.”**

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---

**From:** Jeanine M. LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]  
**Sent:** Thursday, January 25, 2018 10:24 AM  
**To:** Dorothy Wallis <[dwallis@ctlm.org](mailto:dwallis@ctlm.org)>  
**Subject:** 2000224936 CtL December 2017 Invoice Info needed

**Ms. Wallis:**

You requested \$377.00 reimbursement for \$626.38 (\$337.38 & \$289.00) for supplies for A Pregnancy Center and Clinic. Please provide the calculations showing how you arrived at the amounts for reimbursement.

**Please provide verification of payment of Auditor Service (Michael Choate).**

**This information is due no later than Tuesday, January 30, 2018.**

*Jeanine LeBlanc*

**Jeanine LeBlanc**

**ES Program Consultant**

**Dept. Children and Family Services**

**627 North Fourth Street, 5-321**

**Baton Rouge, LA 70802**

**Jeanine.LeBlanc@la.gov**

**Office 225-342-5417**

**Fax 225-342-2536**

*Analysis Percentages by Center:*

	Care Prog Clinic	Women's Res. Hatch	A Progn Center	Access Metairie	Women's Life	Restoration House	CPC Gonzales	TOTALS
Total Services	2,860	1,312	1,880	468	327	988	323	8,158
%	35%	16%	23%	6%	4%	12%	4%	100%
Total Home Outreach	103	55	50	-	16	38	10	272
%	38%	20%	18%	0%	6%	14%	4%	100%
Total Intakes	414	155	231	70	36	131	67	1,104
%	38%	14%	21%	6%	3%	12%	6%	100%
Average per about stats	37%	17%	21%	4%	4%	18%	5%	100%
Office Supplies % paid	25%	18%	21%	6%	10%	18%	4%	100%

*The average of the above statistics indicate our average is indicative of what we paid our Subs, except for Women's Life—we gave them a larger share and took from CPC*

*The above stats also show we base our Office Supply budgets on their performance of services.*

0 • C

0 • C

337 • 38 \*  
21 • 01 %  
0 • C  
70 • 883538 \*

0 • C  
0 • C

15 • 53 +	289 • x
6 • 47 +	21 • 01 %
21 • 01 +	60 • 7189 *
18 • 39 +	0 • C
9 • 67 +	70 • 88 +
25 • 03 +	60 • 72 +
3 • 9 +	131 • 6 *
100 • *	

0 • C

0 • C

Med 4/29/18 J

P.O. # 2000 224936-1217  
 Section D-Operating Expenses  
 Office Supplies Summary

		<u>Amt Spent</u>	<u>Reimbursed</u>	<u>%</u>
<b><u>Restoration Pregnancy Resource Center</u></b>				
12/22/2017 Office Depot	8.79			
12/22/2017 Best Buy	118.78			
12/22/2017 Office Depot	<u>151.03</u>			
<b>Total Restoration Preg. Res. Center</b>		<b>\$ 278.60</b>		
<i>LCP Reimbursement for Office Supplies</i>			<b>\$ 278.60</b>	<b>15.53%</b>
<b><u>Access/Metairie (Catholic Charities)</u></b>				
12/7/2017 Office Depot	<u>135.53</u>			
<b>Total Access/Metairie-Catholic Charities</b>		<b>\$ 135.53</b>		
<i>LCP Reimbursement for Office Supplies</i>			<b>\$ 116.00</b>	<b>5.47%</b>
<b><u>A Pregnancy Center and Clinic</u></b>				
12/11/2017 Office Depot	337.38			
12/11/2017 TechSoup	<u>289.00</u>			
<b>Total for A Pregnancy Center and Clinic</b>		<b>\$ 626.38</b>		
<i>LCP Reimbursement for Office Supplies</i>			<b>\$ 377.00</b>	<b>21.01%</b>
<b><u>Women's Resource Ctr of Natchitoches</u></b>				
12/27/2017 Amazon.com	232.71			
12/27/2017 Amazon.com	44.79			
12/27/2017 Amazon.com	<u>55.20</u>			
<b>Total for Women's Res Ctr of Natchitoches</b>		<b>\$ 332.70</b>		
<i>LCP Reimbursement for Office Supplies</i>			<b>\$ 330.00</b>	<b>18.39%</b>
<b><u>Women's Life Ministries</u></b>				
12/13/2017 Office Depot	<u>173.42</u>			
<b>Total Women's Life Ministries</b>		<b>\$ 173.42</b>		
<i>LCP Reimbursement for Office Supplies</i>			<b>\$ 173.42</b>	<b>9.67%</b>
<b><u>Care Pregnancy Clinic</u></b>				
12/27/2017 Sam's Club	<u>449.44</u>			
<b>Total Care Pregnancy Clinic</b>		<b>449.44</b>		
<i>LCP Reimbursement for Office Supplies</i>			<b>\$ 449.00</b>	<b>25.03%</b>
<b><u>CPC-Gonzales Clinic</u></b>				
12/28/2017 Sam's Club	<u>70.75</u>			
<b>Total CPC-Gonzales Clinic</b>		<b>70.75</b>	<b>\$ 70.00</b>	<b>3.90%</b>
<b>GRAND TOTAL OFFICE SUPPLIES ALL CENTERS REIMBURSED</b>			<b>\$ 1,794.02</b>	

Next 1/29/18  
 J

P.O. # 2000 224936-1217  
 Section D-Operating Expenses  
 Office Supplies Summary

	<u>Amt Spent</u>	<u>Reimbursed</u>
<b><u>Restoration Pregnancy Resource Center</u></b>		
12/22/2017 Office Depot	8.79	
12/22/2017 Best Buy	118.78	
12/22/2017 Office Depot	151.03	
<b>Total Restoration Preg. Res. Center</b>	<b>\$ 278.60</b>	
<i>LCP Reimbursement for Office Supplies</i>	<i>\$ 278.60</i>	
<b><u>Access/Metairie (Catholic Charities)</u></b>		
12/7/2017 Office Depot	135.53	
<b>Total Access/Metairie-Catholic Charities</b>	<b>\$ 135.53</b>	
<i>LCP Reimbursement for Office Supplies</i>	<i>\$ 116.00</i>	
<b><u>A Pregnancy Center and Clinic</u></b>		
12/11/17 Office Depot	337.38	
12/11/17 TechSoup Computer	289.00	
<b>Total for A Pregnancy Center and Clinic</b>	<b>\$ 626.38</b>	
<i>LCP Reimbursement for Office Supplies</i>	<i>\$ 377.00</i>	<i>88.00</i>
<b><u>Women's Resource Ctr of Natchitoches</u></b>		
12/27/2017 Amazon.com	232.71	
12/27/2017 Amazon.com	44.79	
12/27/2017 Amazon.com	55.20	
<b>Total for Women's Res Ctr of Natchitoches</b>	<b>\$ 332.70</b>	
<i>LCP Reimbursement for Office Supplies</i>	<i>\$ 330.00</i>	
<b><u>Women's Life Ministries</u></b>		
12/13/2017 Office Depot	173.42	
<b>Total Women's Life Ministries</b>	<b>\$ 173.42</b>	
<i>LCP Reimbursement for Office Supplies</i>	<i>\$ 173.42</i>	<i>63.43</i>
<b><u>Care Pregnancy Clinic</u></b>		
12/27/2017 Sam's Club	449.44	
<b>Total Care Pregnancy Clinic</b>	<b>\$ 449.44</b>	
<i>LCP Reimbursement for Office Supplies</i>	<i>\$ 449.00</i>	
<b><u>CPC-Gonzales Clinic</u></b>		
12/28/2017 Sam's Club	70.75	
<b>Total CPC-Gonzales Clinic</b>	<b>\$ 70.75</b>	
<b>GRAND TOTAL OFFICE SUPPLIES ALL CENTERS REIMBURSED</b>		<b><u>794.02</u></b>



Total: \$8.79

Status  
Shipped  
Shipped

Delivery Date  
12/26/2017  
12/26/2017

Total  
\$151.03  
\$8.79

Related Orders  
Order number  
#001980118-001  
#001980141-001  
#001936-1217

#### SECTION D-Operating Expense-Office Supplies

CP Budget to reimburse CTLM = \$278.60 for Restoration Pregnancy Resource Ctr

Page 2 of 7

2 of 2

40

3 of 3

12/30/2017, 2:51 PM

## Order Number: BBY01-805522895616

### Order Summary

Product Total	\$107.98
Shipping	FREE
Sales Tax, Fees & Surcharges	\$10.80
Order Total	<b>\$118.78</b> ✓

### Payment Method

Visa \*\*\*\*7436

### Item Details

Item	Shipping Address
Brother - TN660 Toner Cartridge - Black	
Model: TN-660	Beth Davis
SKU: 6131208	101 S SPRUCE ST
Quantity: 2	HAMMOND, LA 70403 US

Page 13

Status: Shipped  
Quantity: 2

Good news! Your order is on its way.  
UPS Tracking Number: 1ZWF25470392831366

12/30/2017, 2:54 PM

1 of 1

41

# Office DEPOT

## OfficeMax

Take care of business

Order # 24936-121  
Order Date: 12/22/2017  
Order Placed: 12/22/2017  
Tracking #: 12870A190301133874

Order Placed By: **Office Supply**  
Order Type: **Expense**  
CP Budget to reimburse CTLM = **\$228.60**

Payment Method: **Debit/Credit Card**  
(Card # RD-VS-7436)  
Amount: **\$151.03**  
Comments: **Office Pregnancy Resource**

Comments:

Item Description: **Office Depot® Brand Monthly Desk Pad Calendar, 17" x 11", 30% Recycled, White, January to December 2018 (OD2010-00-18)**  
Item # 865929 Review This Product

Item Description: **Page**  
Page **4** of **7**

Item Description	Qty Shipped	Price	Total	Reorder	<input checked="" type="checkbox"/>
Office Depot® Brand Monthly Desk Pad Calendar, 17" x 11", 30% Recycled, White, January to December 2018 (OD2010-00-18) Item # 865929 Review This Product	2	\$10.99 /each	\$21.98	2	<input checked="" type="checkbox"/>

Smead® Color File Folders, Letter Size, 1/3 Cut, Purple, Box Of 100 Item # 572750 Review This	2	\$19.99 /box	\$39.98	2	<input checked="" type="checkbox"/>
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12/30/2017, 2:50 PM

1 of 3

cription	Product	Qty Shipped	Price	Total	Reorder	<input checked="" type="checkbox"/>
PO# 2000 224936-1217	Neenah Astrobrights® Bright Color Paper, Letter Size Paper, 24 Lb, FSC Certified, Terra Green, Ream Of 500 Sheets Item # 364065 Review This Product	1 1	\$13.99 /ream	\$13.99 1	<input checked="" type="checkbox"/>	
SECTION 1: Operating Expenses/Office Supplies	Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Ivory, Ream Of 500 Sheets Item # 345694 Review This Product	1 1	\$11.99 /ream	\$11.99 1	<input checked="" type="checkbox"/>	
LCP Budget to Reimburse CTLM = \$2,778.60 for Restoration Pregnancy Resource Ctr	Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Lilac, Ream Of 500 Sheets Item # 478156 Review This Product	1 1	\$11.99 /ream	\$11.99 1	<input checked="" type="checkbox"/>	
	Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Salmon, Ream Of 500 Sheets Item # 478123 Review This Product	1 1	\$11.99 /ream	\$11.99 1	<input checked="" type="checkbox"/>	
	Office Depot® Brand White Permanent Inkjet/Laser File Folder Labels, 2/3" x 3 7/16", White, Pack Of 750 Item # 220472 Review This Product	1 1	\$22.99 /pack	\$22.99 1	<input checked="" type="checkbox"/>	
	20% Off Your Highest Priced It	1	(\$4.60)	(\$4.60)		

Page 5 of 7

6/1  
LCP

43

2/13

12/30/2017, 2:50 PM

Item Description	Qty Shipped	Price	Total	Reorder
Office Depot® Brand Removable Inkjet/Laser Multipurpose Round Labels, 3/4" Diameter, White, Pack Of 1,008 Item # 660534 Review This Product	1	\$6.99 /pack	\$6.99	<input checked="" type="checkbox"/>

Coupons / Delivery Fee Adjustments / Other Discounts: (\$4.60)

Subtotal: \$141.90

Delivery Fee: \$0.00

Tax Exempt Taxes: \$13.73

Total: \$151.03

You Saved \$4.60 on this order!

Rejected Orders	Order number	Delivery Date	Status
	991980118-001	12/26/2017	Shipped
	991980141-001	12/26/2017	Shipped

Page 6 of 7

44

3013

12/30/2017, 2:50 PM

1/9/2018

Gulf Coast Bank and Trust



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59186	LCP CHECKING xxxxx6649	\$278.60

**Tracking ID:** 59186 **Total Amount:** \$278.60  
**Created:** 01/09/2018 10:55 AM **Total Payments:** 1  
**Created By:** DOROTHY WALLIS **From:** LCP CHECKING xxxxx6649  
**Authorized:** 01/09/2018 10:56 AM **ACH Class Code:** CCD  
**Authorized By:** DOROTHY WALLIS **ACH Header:** CARING TO LOVE M  
**Will process On:** 1/9/2018  
**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY	59186	\$278.60	XXXXX176	Checking	XXXXX5459	

**Addenda:**

Restoration of Supply

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 2

**SECTION D-Operating Expense-Office Supplies**

LCP Budget to reimburse CTLM = \$278.60 for Restoration Pregnancy Resource Ctr

45

Received Fax Dec 13 17 04:29p

DEC-13-2017 03:28P FROM: ST. VINCENT@STV

5048376235 Office Supplies: Office Products and Office Furniture: Office Depot

Received by J Ham

TO: 13182551259

page 2

P.2/2

Page 1 of 1



Taking care of business

## Order Detail

### Order & Budget Information

Order Number: 987713432-001 Status: 3 Days Delivery Pending  
Order Date: 12/13/2017 Delivery Date/Time: 12/18/2017  
Ordered By: MIGUEL MUNIZ@CCANO.ORG  
Last Modified By: CCORDERS@CCANO.ORG Comment:  
Last Modified On: 12/13/2017

Purchase order  
for ~~ACCESS~~  
Pregnancy Center

### Shipping Information

Shipping Address:  
ACCESS CATHOLIC CHARITIES  
921 ARB AVE  
METARIE, LA70005-2207 USA

### Billing Information

Billing Contact: APPVR  
MADELINE KUGELMANN  
(504)836-3070 Ext.6000  
Payment Method:  
Account Billing  
Amount: \$123.49

### Workflow Status

Status	Owner	Comments
Approved	MICHELLE BLACK	Approved by MICHELLE BLACK on 12/07/2017 at 23:10:08
Released	RENEE DAVENPORT	Released by RENEE DAVENPORT on 12/13/2017 at 08:18:47

### Order Summary

Description	Unit Price / Unit	Quantity	Stock Ordered EOQ	Shipped	Total	Reorder Price / Unit	<input checked="" type="checkbox"/>
Neat # 432241Adv@10-Sheet Micro-Cut Shredder	\$123.49 / each	1	0	0	\$123.49	\$123.49 / each	

### Comments:

Subtotal:	\$123.49
Delivery Fee:	\$0.00
Adjustments:	\$0.00
Taxes:	\$12.04
Total:	\$135.53

PO# 2000 224936-1217

Page 1 of 2

### SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$116.00 for Access

1/9/2018

Gulf Coast Bank and Trust



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59189	LCP CHECKING xxxxx6649	\$116.00

**Tracking ID:** 59189 **Total Amount:** \$116.00  
**Created:** 01/09/2018 10:57 AM **Total Payments:** 1  
**Created By:** DOROTHY WALLIS **From:** LCP CHECKING xxxxx6649  
**Authorized:** 01/09/2018 10:57 AM **ACH Class Code:** CCD  
**Authorized By:** DOROTHY WALLIS **ACH Header:** CARING TO LOVE M  
**Will process On:** 1/9/2018  
**Effective:** 1/10/2018  
**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$116.00	XXXXX21274	Checking	XXXXX0137	

**Addenda:** Catholic Charities-Office Supply

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 2

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$116.00 for Access**

47

# Office DEPOT

## OfficeMax

LAFAYETTE - (337) 234-9900  
1/9/2018 10:20 PM



221580PYN3XGR48U

SALE 385-3-6850-629981-17.9.2  
196697 PPR,POLARIS,11  
2 @ 63.99 127.98  
Instant Savings -48.00  
Retail After Discounts 79.98  
Business Solutions Prc 121.580  
You Pay 79.98SS  
381279 CARD,ROLDX,2.2  
3 @ 3.29 9.87  
Business Solutions Prc 11.040  
You Pay 9.87SS  
713800 INK,T252XL,BLA  
4 @ 37.99 151.96  
Business Solutions Prc 125.96  
You Pay 125.96SS  
355409 NOTES,POST-IT,  
Business Solutions Prc 14.69SS  
You Pay 14.69SS  
193031 TONER 410A BLA  
Business Solutions Prc 91.99SS  
You Pay 82.79SS  
Subtotal: 309.52  
Sales Tax: 27.86  
Total: 337.38  
Visa 0602: 337.38

AUTH CODE 066950

TDS Chip Read

AID A0000000980840 US DEBIT

TVR 8000088000

CVS No Signature Required

SPC CARD# 1351

Total Savings:  
\$86.97

XXXXXXXXXXXXXXXXXXXXXX

WE WANT TO HEAR FROM YOU!

Participate in our online customer survey and receive a coupon for \$10 off your next qualifying purchase of \$60 or more on office supplies, furniture and more. (Excludes Technology. Limit 1 coupon per household/business.)

www.TellOfficeDepot.com  
and enter the survey code below:  
14XA 289C 6HJK

XXXXXXXXXXXXXXXXXXXXXX

PO# 2000 224936-1217

Page 1 of 3

## SECTION-D-Operating-Expense-Office Supplies

LCP Budget to reimburse CTLM = \$377.00 Budgeted for A Pregnancy Center

*rachelw@cox-internet.com*

**From:** [REDACTED] Tech Center and Clinic <apcc@glacoxmail.com>  
**Sent:** Monday, December 11, 2017 3:30 PM  
**To:** Rachel Washington  
**Subject:** FW: Confirmation of Request Number 2045317

Receipt. Will use for LCP. Thanks.

---

**From:** TechSoup [mailto:customerservice@techsoup.org]  
**Sent:** Monday, December 11, 2017 3:27 PM  
**To:** Patrice Lewis  
**Cc:** apcc@glacoxmail.com  
**Subject:** Confirmation of Request Number 2045317

We're processing your request.



## Thanks for requesting a donation through TechSoup.

Hi, A Pregnancy Center and Clinic.

We'll process your request in approximately two to three business days. For most donations, you'll receive another email at that time with detailed instructions about how to obtain your donation.

During checkout, you selected the option to pay by credit card. Your card will be charged when fulfillment is complete.

If your organization's nonprofit status is not yet verified by us, the donation request will not be fulfilled until we've confirmed your eligibility.

You can view the status of your request at any time in your account.

If this request was not placed by you or your organization, please contact us immediately.

### Products Requested

Title: HP Compaq 8200 Elite Desktop, Core i5, Windows 10 (Condition B)  
Quantity: 1  
Item Price: \$289.00

*Brummett*

1

PO# 2000 224936-1217

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$377.00 Budgeted for A Pregnancy Center

Computer  
-289.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59195	LCP CHECKING xxxxx6649	\$377.00

**Tracking ID:** 59195

**Total Amount:** \$377.00

**Created:** 01/09/2018 10:58 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 10:59 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$377.00	XXXX2775	Checking		XXXX0222

**Addenda:**

APCC-Ofc Supplies

**APPROVAL(S):**

1

DOROTHY WALLIS

PO# 2000 224936-1217

Page 3 of 3

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$377.00 Budgeted for A Pregnancy Center**

amazon smile

**Details for Order #111-6520351-9902627**  
Print this page for your records.

Order Placed: December 27, 2017

Amazon.com order number: 111-6520351-9902627

Order Total: \$232.71

Supporting: Women's Resource Center of Natchitoches

Invoice#1

**Not Yet Shipped**

**Items Ordered**

1 of: EXPO Low-Odor Dry Erase Set, Ultra Fine Tip, Assorted Colors, 7-Piece  
Sold by: Amazon.com LLC

**Price**  
\$9.48

Condition: New

1 of: Smead Hanging File Folder with Tab, 1/3-Cut Adjustable Tab, Legal Size, Standard Green, 25 per Box (64135)  
Sold by: Amazon.com LLC

\$11.58

Condition: New

5 of: Springhill, Digital Card Ivory, 110lb, Letter, 8.5 x 11, 250 Sheets / 1 Ream, (056300R) Made In The USA  
Sold by: Amazon.com LLC

\$6.32

Condition: New

6 of: AmazonBasics A9 Invitation Envelope, Peel & Seal, White, 100-Pack  
Sold by: Amazon.com LLC

\$7.99

Condition: New

3 of: 100 9 x 12 SELF SEAL Security White Catalog Envelopes - 28lb - Security Tinted, Ultra Strong QUICK-SEAL, 9 x 12 Inch (38100)  
Sold by: Quality Business Products (seller profile)

\$15.77

Condition: New

1 of: Pendaflex Extra Capacity Reinforced Hanging File Folders, 2", Legal Size, Standard Green, 1/5 Cut, 25/BX (4153x2)  
Sold by: Amazon.com LLC

\$21.13

Condition: New

4 of: Pendaflex Speedframe Hanging Folder Frame, 1 per Box, (450EE)  
Sold by: Amazon.com LLC

\$13.17

Condition: New

**Shipping Address:**

Beverly Jean Broadway  
261 JOHNNIE FLOYD RD  
ROBELINE, LA 71469-5013  
United States

**Shipping Speed:**

Two-Day Shipping

**Payment Information**

Payment Method: 1217  
MasterCard | Last digits: 0229

Item(s) Subtotal: \$221.72  
Shipping & Handling: \$0.00  
Promotion applied: -\$4.73  
Page 1 of 5

SECTION D-Operating Expense-Office Supplies  
Billing address: Beverly Broadway

LCP Budget to reimburse \$350.00 for Women's Resource Center-Nathitoches

Received Fax: Dec 27 17 01:53p  
Dec 27 17, 01:55p

WRC

Received by: J Ham

3183524188

page.4

107 NORTH ST  
NATCHITOCHES, LA 71457-3945  
United States

Total before tax: \$216.99  
Estimated tax to be collected: \$15.72

**Grand Total: \$232.71**

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-1217

Page 2 of 5

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches

52

amazon smile

**Details for Order #111-3603883-0990642**  
Print this page for your records.

**Order Placed:** December 27, 2017  
**Amazon.com Order Number:** 111-3603883-0990642  
**Order Total:** \$44.79  
**Supporting:** Womens Resource Center of Natchitoches

*Invoice#2*

**Not Yet Shipped**

**Items Ordered**

		<b>Price</b>
1 of: Neenah Paper Exact Vellum Bristol, 67 lb, 8.5 x 11", 250 Sheets, White, 94 Brightness (80211), 3 pack	Sold by: Amazon.com LLC	\$17.97
Condition: New		
4 of: STPL Staples Binder Clips, Assorted Sizes, Black, 60-Pack	Sold by: Tee Cottons ( <a href="#">seller profile</a> )	\$6.30
Condition: New		

**Shipping Address:**

Beverly Jean Broadway  
261 JOHNNIE FLOYD RD  
ROBELINE, LA 71469-5013  
United States

**Shipping Speed:**

Standard Shipping

**Payment information**

**Payment Method:**

MasterCard | Last digits: 0229

Item(s) Subtotal: \$43.17

Shipping & Handling: \$0.00

Total before tax: \$43.17

Estimated tax to be collected: \$1.62

Grand Total: \$44.79

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-1217

Page 3 of 5

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches

amazon smile

**Details for Order #111-2374062-8024233**  
Print this page for your records.

**Order Placed:** December 27, 2017  
**Amazon.com Order Number:** 111-2374062-8024233  
**Order Total:** \$55.20  
**Supporting:** Womens Resource Center of Natchitoches

Invoice #3

**Not Yet Shipped**

**Items Ordered**

	Price
1 of: Sterilite 19334304 32 Quart/30 Liter Gasket Box, Clear with Blue Aquarium Latches and Gasket, 4-Pack	\$55.20
Sold by: Enzoproducts ( <a href="#">seller profile</a> )	

Condition: New

**Shipping Address:**

Beverly Jean Broadway  
261 JOHNNIE FLOYD RD  
ROBELINE, LA 71469-5013  
United States

**Shipping Speed:**

Standard Shipping

**Payment information**

**Payment Method:**

MasterCard | Last digits: 0229

Item(s) Subtotal: \$55.20

Shipping & Handling: \$0.00

-----

Total before tax: \$55.20

Estimated tax to be collected: \$0.00

-----

**Grand Total: \$55.20**

-----

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-1217

Page 4 of 5

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59199	LCP CHECKING xxxxx6649	\$330.00

**Tracking ID:** 59199 **Total Amount:** \$330.00

**Created:** 01/09/2018 11:02 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 11:02 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		330.00	XXXX078	Checking	XXXX2949	

**Addenda:**

WRC-Ofc Supplies

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 5 of 5

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches**

55

Office DEPOT  
OfficeMax

HAMMOND - (985) 542-9770

1:58 PM



ZTTTU9APXQ34XMMFW

0 • C  
0 • C  
  
Reimbursable Supplies 24.99 +  
plus 5.69 +  
tax 11.99 +  
9.99 +  
5.0 +  
57.66 x  
10.0 %  
5.766 \*  
  
\$63.43

63.426 +%

0 • C

99.99 x  
10.0 %  
9.999 \*

0 • \*

0 • C

99.99 +  
10.0 +  
109.99 \*

109.99 +  
63.43 +  
173.42 \*

0 • C

PO# 2000 224936-1217

SECTION D-Operating Expense-Office

LCP Budget to reimburse

Printer

Page 1 of 2

12 2018

56

DCFS  
Lit Stability

-109.99

Received



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

1/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 59202 LCP CHECKING xxxxx6649 \$173.42

**Tracking ID: 59202**

**Created: 01/09/2018 11:03 AM**

**Created By: DOROTHY WALLIS**

**Authorized: 01/09/2018 11:03 AM**

**Authorized By: DOROTHY WALLIS**

**Will process On: 1/9/2018**

**Effective: 1/10/2018**

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS LIFE MINISTRIES	WOMENS LIFE MINISTRIES		\$173.42	XXXXX24618	Checking	XXXXX5690	

**Addenda:**

WLM-Ofc Supplies

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 2

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse \$173.42 for Women's Life Ministries**

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## Thank you, your order is complete

A copy of your receipt has been sent to your email address

### Items you have already paid for:

Order Date: Dec 27, 2001		Order Number: 196809059	
Items we're shipping to you			
ITEMS TO BE SHIPPED	SHIPPING METHOD	QTY	TOTAL
Universal® File Folders, 1/3 Cut One-Ply Top Tab, Letter, Blue/Light Blue, 100/Box	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	1	\$14.98
Item #: 980080211			
Boise - Fireworx Colored Paper, 20lb, Crackling Canary - Ream	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
Item #: 555739			
Boise - Fireworx Colored Paper, 20lb, Flashing Ivory - Ream	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
Item #: 555710			
Boise - Fireworx Colored Paper, 20lb, Luminous Lavender - Ream	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
Item #: 555753			
Boise - FIREWORX Colored Paper, 20lb, 8-1/2 x 11, Turbulent Turquoise - 500 Sheets/Ream	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
Item #: 181652			
Office Impressions - Standard Staples, 5,000 Count - 5 Packs	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	2	\$8.96
Item #: 950660			
Member's Mark Copy Paper, 20lb, 92 Bright, 8-1/2 x 11" - Case	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$103.92
Item #: 865123			
\$3.00 off with Instant Savings			
PO# 2000 22422-1211 Member's Mark Tall Kitchen Simple Fit Drawstring Bags (13gal., 200ct.)	FREE - Value Shipping Arrives between Jan 02 - Jan 11	1	\$14.78
Item #: 591025			
<b>SECTION D-Operating Expense-Office Supplies</b>			
LCP Budget to Reimburse CTLM = \$449.00 for Care Pregnancy Clinic	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	1	\$41.98

<p><b>Georgia Pacific - Spectrum Standard 92 Multipurpose Paper, 20lb, 11 x 17, White - 2500 Shts/Ctn</b></p> <p>Item #: 255731</p>				
 <b>Wausau - Exact Index Card Stock, 110lb, White - 250 Sheets</b>	<b>FREE - Standard Shipping</b> Arrives between Dec 29 - Jan 02	<b>5</b>	<b>\$39.40</b>	
<b>Item #: 352541</b>				
 <b>Avery Hi-Liter Bonus Pack</b>	<b>FREE - Standard Shipping</b> Arrives between Dec 29 - Jan 02	<b>1</b>	<b>\$7.98</b>	
<b>Item #: 230450</b>				
 <b>Georgia Pacific - Spectrum Standard 92 Multipurpose Paper, 20lb, 8-1/2 x 14, White - 5000 Shts/Ctn</b>	<b>FREE - Standard Shipping</b> Arrives between Dec 29 - Jan 02	<b>1</b>	<b>\$52.98</b>	
<b>Item #: 255738</b>				
 <b>Boise - Fireworx Colored Paper, 20lb, Bottle Rocket Blue - Ream</b>	<b>FREE - Standard Shipping</b> Arrives between Dec 29 - Jan 02	<b>2</b>	<b>\$12.36</b>	
<b>Item #: 555725</b>				
 <b>Boise - Fireworx Colored Paper, 20lb, Powder Pink - Ream</b>	<b>FREE - Standard Shipping</b> Arrives between Dec 29 - Jan 02	<b>2</b>	<b>\$12.36</b>	
<b>Item #: 555689</b>				
<b>Billing Address:</b> Deborah Clayton 3813 N Flannery Road Baton Rouge, LA 70791	<b>Payment Method:</b> VISA : xxxx-xxxx-xxxx-3746	<b>Subtotal</b> (includes savings) <del>\$408.56</del>		
		<b>Shipping:</b> \$0.00		
		<b>Tax:</b> \$40.86		
		<b>Shipped Order Total:</b> <del>\$449.44</del>		
<b>Your savings: \$12.00</b>				

Have Questions? One of our associates will be happy to help you. Call us at 1-888-746-7726. Leave Feedback

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PO# 2000 224936-1217

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#### SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

1/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 59206 LCP CHECKING xxxxx6649 \$449.00

**Tracking ID:** 59206

**Total Amount:** \$449.00

**Created:** 01/09/2018 11:04 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 11:05 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$449.00	XXXX6569	Checking		XXXXX0153

**Addenda:**

CPC-Ofc Supplies

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 3 of 3

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic**

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## Thank you, your order is complete

A copy of your receipt has been sent to your email address

### Items you have already paid for:

Order Date: Dec 28, 2017		Order Number: 723738172			
<b>Items we're shipping to you</b> <i>OPC-Gonzales</i>					
<b>Delivery Address:</b> Deborah Clayton 3813 N Flannery Road Baton Rouge, LA 70791					
ITEMS TO BE SHIPPED	SHIPPING METHOD	QTY	TOTAL		
Member's Mark Copy Paper, 20lb, 92 Bright, 8-1/2 x 11" - Case	FREE - Standard Shipping Arrives by Jan 02	2	\$51.96		
Item #: 665123					
\$3.00 off with Instant Savings					
Boise - Fireworx Colored Paper, 20lb, Crackling Canary - Ream	FREE - Standard Shipping Arrives by Jan 02	2	\$12.36		
Item #: 555739					
<b>Billing Address:</b> Deborah Clayton 3813 N Flannery Road Baton Rouge, LA 70791	<b>Payment Method:</b> VISA : xxxx-xxxx-xxxx-3746	<b>Subtotal</b> (includes savings) \$84.32			
		Shipping: \$0.00			
		Tax: \$6.43			
		<b>Shipped Order Total:</b> \$70.75			
Your savings: \$8.00					

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SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic-Gonzales

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Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

1/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 59207 LCP CHECKING xxxxx6649 \$70.00

**Tracking ID: 59207**

**Total Amount:** ~~\$70.00~~

**Created:** 01/09/2018 11:06 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 11:06 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC	<del>XXXX6569</del>	\$70.00	XXXX6569	Checking	XXXXX0153	

**Addenda:**

~~CPC Gonzales-Ofc Supplies~~

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 2

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic-Gonzales**



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

## REMITTANCE SECTION

**Invoice Number:** 57475402  
**Due Date:** 01/15/2018  
**Due This Period:** \$555.75

**CARE PREGNANCY CLINIC  
ATTN AP  
3813 N FLANNERY RD  
BATON ROUGE LA 70814-8002**

**Please make check payable to:**

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

.....

2100000574754020000555751

*Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.*



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number:	25427116
Invoice Number:	57475402
Account Number:	854059
Site Number:	3951293
Invoice Date:	12/23/2017
Period of Performance:	12/15/2017-01/14/2018
Due This Period:	\$555.75

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

## **IMPORTANT MESSAGES**

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

**\*Please review your equipment location(s) for tax purposes.**

See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

## ASSET DETAILS

Copy machine \$250

**Asset Amount Total:** **\$528.99**

page 1 of 2

De Lao Landen Financial Services, Inc. has the right to use the DLL® DLL Financial Solutions Partner™

7TBN5RPF

# Confirmation

**Thank You! Your payment has been made.**

**CARE PREGNANCY CLINIC**

ATTN A P  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

**Payment Date**

12/27/2017

**Payment Method**

CTLM Operating WHITNEY BANK \*\*\*\*6569

**Total Payment**

\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Tuesday, December 26, 2017 12:00 PM ET will be posted on Tuesday, December 26, 2017. Payments confirmed after Tuesday, December 26, 2017 12:00 PM ET will be posted on Wednesday, December 27, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

<b>Confirmation #</b>	<b>Account Nbr - Site ID</b>	<b>Invoice Date</b>	<b>Invoice Number</b>	<b>Due Date</b>	<b>Amount Due</b>	<b>Payment Amount</b>
3105493596	854059-3951293	12/23/2017	57475402	1/15/2018	\$555.75	\$555.75

PO# 2000 224936-1217

Page 2 of 2

**SECTION D-Operating Expense-Copy Machine**

**LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.**

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Invoice No. LCP 12/31/2017  
P.O. # 2000 224936

## INVOICE

## Customer

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 12/31/2017

## Payment

Please make check payable to:

**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

Office Use Only

PO# 2000 224936-1117

**SECTION D-Operating Expense-Internet**

LCP Budget to reimburse CTLM = \$195.00 AT&T

65



# AT&T

CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page	1 of 4
Account Number	171-800-0934 001
Billing Date	Dec-19, 2017
Questions?	1 800 358-1111
Web Site	att.com
Invoice	8821329302
AT&T Tax ID	13-4924710

## Invoice

### Bill-At-A-Glance

Previous Bill	721.56
Payment - Thank You!	721.56CR
Adjustments	.00
Balance	.00
Current Charges	721.56
<b>Total Amount Due</b>	<b>\$721.56</b>

Payment Due Date Jan 18, 2018

### Billing Summary

For detailed information of your charges go to  
[www.businessdirect.att.com](http://www.businessdirect.att.com)

Questions? Call: 1 800 358-1111

### AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	687.08
Sub-Account #831-000-6867 906	34.50
Total Group #000001	721.58
<b>Total Current Charges</b>	<b>721.56</b>

### News You Can Use

#### News You Can Use

##### ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service if a deficiency has caused an interruption. This fee will be applicable to each account that is being restored and

### SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

#### News You Can Use

**ACCOUNT STATUS - Continued**  
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

##### JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

##### REGULATORY NEWS

\*\*\*\*Important News About Your Account\*\*\*\*

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

[http://serviceguide.att.com/servicelibrary/business/ext/  
state\\_tariff\\_buss.cfm](http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm)

##### Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability



PO# 2000 224936-1217 Section D-Operating Exp-Internet \$195.00

Page 3 of 3

AT&T Business Credit and Collections

01-09-2018

ATTN: Vickie Davis  
Caring To Love Ministries Inc.  
3813 N Flannery Rd  
Baton Rouge, LA 70814

Account: 1718000934001

Dear AT&T Customer:

Thank you for discussing your account with us today. We processed the following payment electronically on your account as a result of our conversation:

Payment Method: Credit Card  
Payment Amount: \$721.56  
Confirmation #: 5Q07CSR1Q06NQHR

Sincerely,

AT&T Business Credit and Collection Center

PO# 2000 224936-1217

SECTION D-Operating Expense-Internet

January 9, 2018  
LCP Budget to reimburse CTLM = \$195.00 AT&T  
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Wufoo.com Bill #2453055  
Paid by Credit Card \$14.65 Wufoo.com \*\*\*

## Wufoo Billing

Wed 12/20/2017 10:02 AM

To: webdevelopment webdevelopment <webdevelopment@ctlm.org>; luv luv <luv@ctlm.org>;



**Infinity Box Inc.**  
3050 South Delaware Street  
San Mateo, CA 94403  
United States

**Billed To :**  
Dorothy H Wallis  
3813 N. Flannery Road  
70814  
United States

2017-12-20

**Transaction ID: # 2453055**

## Wufoo Bill

Thanks for your payment! This email confirms that your credit card ending in 0848 was charged \$14.95 for your Wufoo subscription. This transaction will appear on your credit card statement from "Wufoo.com/charge/" Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to [billing@wufuoo.com](mailto:billing@wufuoo.com)

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See [Cancellation Information](#) for more details.

Thanks again for using Wufoo and happy form building!

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## Sources for Women

A ministry of Caring To Love Ministries  
3813 N Flannery Rd  
Baton Rouge, LA 70814

Invoice No. LCP-12/31/2017  
P.O.# 2000 224936

**INVOICE**

## Customer

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 12/31/2047

## Payment

Please make check payable to:  
**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

Office Use Only

**TOTAL** **\$** **875.00**

**TOTAL** **\$** **875.00**

## **SECTION D Operating Expense-KNOW for SURE**

**LCP Budget to reimburse CTLM = \$875.00 for month**

69



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

1/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 59105 LCP CHECKING xxxxxx6649 \$875.00

**Tracking ID: 59105**

**Total Amount: \$875.00**

**Created: 01/09/2018 9:51 AM**

**Total Payments: 1**

**Created By: DOROTHY WALLIS**

**Description: KNOW FOR SURE**

**Authorized: 01/09/2018 9:51 AM**

**From: LCP CHECKING xxxxxx6649**

**Authorized By: DOROTHY WALLIS**

**ACH Class Code: CCD**

**Will process On: 1/9/2018**

**ACH Header: CARING TO LOVE M**

**Effective: 1/10/2018**

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE	\$875.00	XXXX6607	Checking		XXXXX0153	

**Addenda: SFW-Dec 2017**

**APPROVAL(S):**

1 DOROTHY WALLIS

**SECTION D Operating Expense-KNOWforSURE**

**LCP Budget to reimburse CTLM = \$875.00 for month**

**PO# 2000 224936**

0 • C

0 • C

0 • C

800 • 00 +  
250 • 00 +  
250 • 00 +  
150 • 00 +  
500 • 00 +  
1,950 • 00 \*

**SECTION F**

**PROFESSIONAL**

1,950 • 00 +  
2,200 • 00 +  
1,125 • 00 +  
700 • 00 +  
700 • 00 +  
250 • 00 +  
4,750 • 00 +  
11,675 • 00 \*

0 • C

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-1217</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>December 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>955</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>149</u>
CUMMULATIVE 1st MONTHPARTICIPANTS	<u>1104</u>

**SECTION A-SALARY**

Services Coordinator	Sanaretha Gray	1,756.92	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist		0.00	
	TOTAL SALARIES-Direct Svcs	<u>4,336.92</u>	<u>4,336.92</u>

**SECTION B - FRINGE**

Insurance	Direct Services	250.00	
FICA	Direct Services	331.77	
Worker's Compensation	Direct Services	102.71	
	TOTAL FRINGES-Direct Svcs	<u>684.48</u>	<u>684.48</u>

**SECTION C - TRAVEL**

Travel	Direct Services	234.09	
Travel	Direct Services	17.34	
	TOTAL TRAVEL-Direct Svcs	<u>251.43</u>	<u>251.43</u>

**SECTION D - OPERATING EXPENSES**

Printing	Direct Services	337.95	
Printing	Direct Services	1,100.00	
Office Supplies	Direct Services	1,794.02	
Copy Machine	Direct Services	250.00	
Internet Service	Direct Services	195.00	
Media	Direct Services	0.00	
Website	Direct Services	14.95	
KNOWforSURE	Direct Services	875.00	
	TOTAL OPERATING EXPENSES FOR MONTH	<u>4,566.92</u>	<u>4,566.92</u>

Direct Mailing Services, Inc.

ACH = \$2200.00

16959 Highland Club Ave  
Baton Rouge, LA 70817**Invoice**

Date	Invoice #
12/31/2017	567

**Bill To**

Life Choice Project  
CTLM  
3813 N Flannery Rd  
Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-Dec 2017	2,200.00	2,200.00

Thank you for the opportunity to serve you!

**Total****\$2200.00**

72

ACH = \$2200.00

ACH = \$2200.00

Life Choice Project

Caring To Love Ministries

PO # 2000 224936-1217

December 2017

**Detailed Description for Professional: Accounting Services**

<u>Date</u>	<u>Hours</u>	<u>Description</u>	<u>Amount</u>
		Direct Mailing Services (Vickie Davis)	\$ 2,200.00
12/4/2017		8 Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
12/8/2017		10 Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
12/11-12/12/17		15 Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
12/13/2017		10 Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
12/18/2017		8 Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
12/20/2017		8 Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
12/27/2017		8 Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
		<b>67 Total Hours Worked</b>	

ACH = \$2200.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59106	LCP CHECKING xxxxx6649	\$2,200.00

**Tracking ID: 59106****Total Amount:** \$2,200.00**Created:** 01/09/2018 9:52 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxx6649**Authorized:** 01/09/2018 9:52 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 1/9/2018**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

**Addenda:** DMS-Dec 2017**APPROVAL(S):**

1 DOROTHY WALLIS

ACH = \$1125.00

## Resources for Communities

Garcia Bodley  
 P.O. Box 73215  
 Baton Rouge, LA 70874  
 Phone: (225) 328-1965

## INVOICE

Invoice #: 2017-1100

For: Services:

31-Dec-17

Caring to Love Ministries  
 C/O Life Choice Project  
 3813 Flannery Road  
 Baton Rouge, LA 70814  
 (225) 273-1124

Location: Caring to Love Ministries  
 C/O Life Choice Project  
 3813 Flannery Road  
 Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
12/4, 12/9, 12/11	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for acomplishing.	3		
12/6, 12/17	As consultant, conducted on-going review of weekly, monthly and cummulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughou t month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
ongoing	Development and editing of E-Choice Month Newsletter	4		
12/12, 12/15	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		15	\$ 75.00	\$1,125.00

75



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59307	LCP CHECKING xxxxx6649	\$1,125.00

**Tracking ID:** 59307

**Total Amount:** \$1,125.00

**Created:** 01/09/2018 12:42 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 12:42 PM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,125.00	XXXXX07195	Checking	XXXXX0090	

**Addenda:** ResourcesForComm-Dec17

**APPROVAL(S):**

1 DOROTHY WALLIS

76

**Randy Rice and Associates ACH = \$700.00**8221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
12/31/2017	13951

Louisiana Life Choice Project  
3813 North Flannery  
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
December PR	
Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour	700.00
4-Gathering of ratings for Radio and/or Television for each station 12-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 12-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 12-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 12-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 12-18-16 1.5-Send discrepancy notices for all spots not ran correctly 12-18-16 1-Issuance of credit in the event spots ran incorrectly 12-18-16 1-Arrange for Deliverables 12-18-16 1.5-Processing and delivery of Deliverables 12-18-16	
Received JAN 12 2018 DCFS Economic Stability	
Warm Christmas Wishes from all of us, to all of you!	<b>Total</b> <del>700.00</del>

ACH = \$700.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59103	LCP CHECKING xxxxx6649	\$700.00

Tracking ID: 59103

Total Amount: \$700.00

Created: 01/09/2018 9:50 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 01/09/2018 9:50 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda:

Rice &amp; Assoc-P/R

**APPROVAL(S):**

1

DOROTHY WALLIS

78

ACH = \$700.00

## Invoice

**Kathleen Benfield Consultants**

P.O. Box 10305  
 New Orleans, LA 70181

Invoice #: 201172  
 Invoice Date: 12/31/2017

Terms

Net 30

**Bill To:**

Life Choice Project  
 Dorothy Wallis  
 3813 N. Flannery Rd.  
 Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for December, 2017 including training, modifications to web based database and reporting	700.00	1	700.00
Website/Database Maintenance and Support 12/05/17		0.5	0.00
Website/Database Maintenance and Support 12/06/17		3	0.00
Website/Database Maintenance and Support 12/07/17		1	0.00
Website/Database Maintenance and Support 12/26/17		3	0.00
Website/Database Maintenance and Support 12/28/17		2	0.00

**Total**

\$700.00

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

**Balance Due**

\$700.00

ACH = \$700.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59107	LCP CHECKING xxxxx6649	\$700.00

**Tracking ID: 59107****Total Amount: \$700.00****Created: 01/09/2018 9:54 AM****Total Payments: 1****Created By: DOROTHY WALLIS****From: LCP CHECKING xxxxx6649****Authorized: 01/09/2018 9:54 AM****ACH Class Code: CCD****Authorized By: DOROTHY WALLIS****ACH Header: CARING TO LOVE M****Will process On: 1/9/2018****Effective: 1/10/2018****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K.BENFIELD ASSOC		\$700.00	XXXXX8948	Checking	XXXXXX0171	

Addenda: K Benfield Dec 2017

**APPROVAL(S):**

1 DOROTHY WALLIS

Turn Key Solutions, LLC  
11911 Justice Avenue  
Baton Rouge, LA 70816  
(225) 751-4444



PAID

Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
12/01/2017	10029268

Terms	Due Date	PO Number	Reference
Net 30 days	12/31/2017		Monthly Billing for December

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"

SEATS INCLUDED: 7

HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- \* The full TKS Partner Pulse Process
- \* Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- \* Network Security & Risk Assessment Scheduled regularly throughout the year
- \* TKS' Gold Standard Implementation at no extra cost
- \* Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- \* Offsite monitoring and log review of your firewall
- \* 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- \* vCIO In-Person Meeting Schedule: \_\_\_\_\_, and unlimited remote consultation on request for your strategy or other IT questions
- \* Onsite Wellness Checkups Schedule: \_\_\_\_\_, and constant remote monitoring
- \* Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- \* Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- \* Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- \* Remote support to restore service is included and not billable
- \* Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- \* We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- \* Unlimited remote Server Administration, User Account Management
- \* We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- \* Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- \* Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- \* Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- \* PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- \* 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- \* All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- \* Not included, available separately

Please make checks payable to Turn Key Solutions, LLC  
Mail to: 11911 Justice Ave, Baton Rouge, LA 70816  
or use <https://www.billandpay.com/go/tks>

Invoice Subtotal:	1,101.04
Sales Tax:	109.82
Invoice Total:	1,210.86

Section F Professional Information Technology Cons.-Turnkey

LCR Budget to reimburse CTL M = \$250.00  
Thank you for your business. If anything we can do to serve you better, please let us know. If you have questions

<p><b>Payment Receipt</b> <b>TurnKey Solutions, LLC</b> 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com</p> <hr/> <p>Date: 12/18/2017 Confirmation Code: 1528530-6714-1784475239 Customer: Caring To Love Ministries Amount: \$1,210.86 Name On Account: Dorothy H. Wallace Account: Credit Card *****0848</p> <hr/> <p>Item Date Created Due Date Amount Paid \$1,210.86</p>
--

**Section F Professional-Information Technology Cons.-Turnkey**

**LCP Budget to reimburse CTLM = \$250.00**

82

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B  
Baton Rouge, LA 70816

Date	Invoice #
12/29/2017	44422

Bill To
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
FINAL BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2017	4,750.00
Section F Professional-Auditor Services-Michael Choate, CPA	
LCP Budget to reimburse CTLM = \$4750.00	
DUE UPON RECEIPT	Total
	\$4,750.00

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B  
Baton Rouge, LA 70816

Invoice

Date	Invoice #
12/29/2017	44422

Bill To
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
FINAL BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2017	4,750.00
<p><i>Paid 1/11/2018</i></p> <p><i>Approval confirmation</i></p> <p><i># 046306</i></p>	
<p>Section F-Professional Audit Services-Michael Choate, CPA</p> <p>LCP Budget to reimburse CTLM = \$4750.00</p>	
DUE UPON RECEIPT	<p>Total</p> <p>\$4,750.00</p>

2915 S. WILLOWBROOK FOREST DR.  
SUITE 1000, LA 70115

Rev. Ed. III: 6492  
Item #: (000)

## Sale

XXXXXXXXXXXX7448

VISA

**Entry Method: Manual**

Total: \$ 4,750.00

01/11/18 17:26:21  
Inv #: 000001 Appr Code: 000506  
Transaction ID: 500011843012925  
Approved: Online Batch #: 000001

Bridges, 5

Nov 1/2018

chase bank checking Account Activity <https://cards.chase.com/cx/Account/Activity?AI=594125365#>

Payments & Transfers | Customer Center

CHASE ONLINE® Thursday, January 25, 2018

My Accounts > Account Details > Account Activity

Account Activity

CHASE D. WALLIS (..0846)

Print | Help with this page

Download Receipts & Tape

Temporary Authorizations

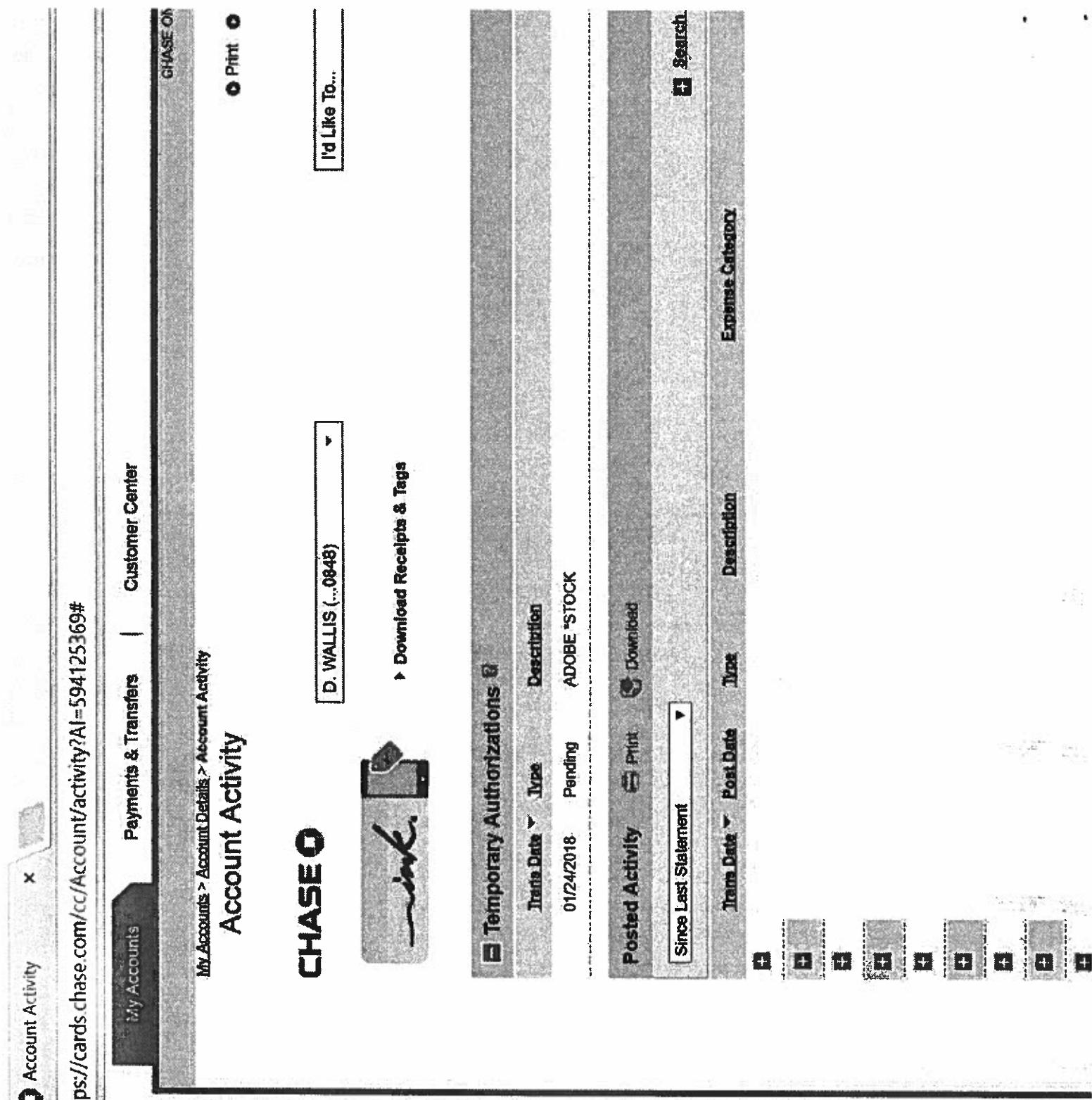
Trans Date	Type	Description	Amount
01/24/2018	Pending	ADOBESTOCK	\$0.40

Posted Activity  Pending  Downloaded

Since last Statement

Trans Date	Post Date	Type	Description	Business Category	Amount
01/22/2018	01/23/2018	Sale	Dropbox2PVS6J3PCW4	Utilities	\$86.00
01/22/2018	01/25/2018	Sale	MAILCHIMP MONTHLY	Miscellaneous	\$42.50
01/20/2018	01/21/2018	Sale	SWIFTWUFOO.COM CHARGE	Miscellaneous	\$14.85
01/19/2018	01/21/2018	Sale	OFFICE DEPOT #1127	Miscellaneous	\$57.45
01/18/2018	01/19/2018	Sale	TURKEY SOLUTION LLC	Work Related	\$1,210.85
01/18/2018	01/18/2018	Sale	OUTBACK 1601	Dining Out	\$30.00
01/18/2018	01/17/2018	Sale	HILTON GARDEN INN	Travel	\$375.87
01/18/2018	01/18/2018	Sale	RACETRAC 2405 00024059	Auto Related	\$44.80
01/18/2018	01/15/2018	Sale	RACETRAC 2405 00024059	Auto Related	\$3.84
01/18/2018	01/14/2018	Sale	ARREVA LLC	Work Related	\$2,860.00
01/18/2018	01/14/2018	Sale	OFFICE DEPOT #2742	Work Related	\$24.85
01/11/2018	01/12/2018	Sale	MICHAEL R. CHOATE CPA & PS, Legal & Professional		\$4,750.00
01/18/2018	01/10/2018	Sale	ATT*BILL PAYMENT	Utilities	\$72.59

Wed 1/24/18 J



med/sal/s

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

## J HAM ENTERPRISES, INC.

## INVOICE

Date: December 31, 2017

Attention: Dorothy Wallis

## Bill to:

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

## Remit to:

J Ham Enterprises, Inc.  
812 Sandy Lane  
Ruston, LA 71270

## Description

Pregnancy Help Center Consulting  
December 2017  
27 hours @ \$30.00 per hour

## Amount Due:

\$800.00

## Summary description of activities by category:

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
1	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59111	LCP CHECKING xxxxx6649	\$800.00

**Tracking ID:** 59111**Total Amount:** \$800.00**Created:** 01/09/2018 10:00 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** J HAM & Associates**Authorized:** 01/09/2018 10:01 AM**From:** LCP CHECKING xxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 1/9/2018**ACH Header:** CARING TO LOVE M**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

**Addenda:** J Ham=Dec 2017**APPROVAL(S):**

1

DOROTHY WALLIS

86

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE****Date:** December 31, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

Sanaretha Gray  
P. O. Box 413  
Prairieville, LA 70769

**Description**

Pregnancy Help Center Consulting  
December 2017  
25 hours @ \$10.00 per hour

**Amount due:**

\$250.00

**Summary description of activities by category:**

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59115	LCP CHECKING xxxxx6649	\$250.00

**Tracking ID:** 59115**Total Amount:** \$250.00**Created:** 01/09/2018 10:03 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** Sanaretha Gray**Authorized:** 01/09/2018 10:03 AM**From:** LCP CHECKING xxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 1/9/2018**ACH Header:** CARING TO LOVE M**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	1000000012	Checking	XXXXX3511	

Addenda: S Gray-Dec 2017

**APPROVAL(S):**

1 DOROTHY WALLIS

88

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE****Date:** December 29, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

Michelle Dyess  
12238 Leblanc Ln  
Walker, LA 70785

**Description**

Pregnancy Help Center Consulting  
December 2017  
10 hours @ \$25 per hour

**Amount due:**

\$250.00

**Summary description of activities by category:**

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge, Restoration PRC, and Women's Life Ministries - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59121	LCP CHECKING xxxxxx6649	\$250.00

**Tracking ID: 59121****Total Amount: \$250.00****Created: 01/09/2018 10:05 AM****Total Payments: 1****Created By: DOROTHY WALLIS****Description: Michelle Dyess****Authorized: 01/09/2018 10:06 AM****From: LCP CHECKING xxxxxx6649****Authorized By: DOROTHY WALLIS****ACH Class Code: PPD****Will process On: 1/9/2018****ACH Header: CARING TO LOVE M****Effective: 1/10/2018****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	

Addenda: M Dyess-Dec 2017

**APPROVAL(S):**

1 DOROTHY WALLIS

ACH \$800+\$250+\$250-\$150-\$500=\$1950.00

**INVOICE****Date: December 31, 2017****Attention: Dorothy Wallis****Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

Emily Ilgenfritz  
10012 Rocky Knoll Circle  
Shreveport, LA 71106

**Description**

Pregnancy Help Center Consulting  
December 2017  
10 hours @ \$15.00 per hour

**Amount due:**

\$150.00

**Summary description of activities by category:**

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59123	LCP CHECKING xxxxxx6649	\$150.00

**Tracking ID:** 59123**Total Amount:** \$150.00**Created:** 01/09/2018 10:07 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** Emily Ilgenfritz**Authorized:** 01/09/2018 10:07 AM**From:** LCP CHECKING xxxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 1/9/2018**ACH Header:** CARING TO LOVE M**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

**Addenda:** E Ilgenfritz-Dec 2017**APPROVAL(S):**

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

## INVOICE

Date: December 30, 2017

Attention: Dorothy Wallis

## Bill to:

Caring to Love Ministries  
 3813 North Flannery Rd.  
 Baton Rouge, LA 70814

## Remit To:

Alexis Farrugia  
 416 Shrewsbury Ct.  
 Jefferson, LA 70121

## Description:

Pregnancy Help Center Consulting  
 December 2017  
 20 hours @ \$25.00 per hour

## Amount Due:

\$500.00

## Summary description of activities by category:

Hours	Activity
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & submission of Compliance Documents
16	Review and verification of Clinic billing packets, compilation of error report

GULF COAST BANK  
& Trust Company

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59127	LCP CHECKING xxxxxx6649	\$500.00

Tracking ID: 59127

Total Amount: \$500.00

Created: 01/09/2018 10:09 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Alexis Farrugia

Authorized: 01/09/2018 10:09 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 1/9/2018

ACH Header: CARING TO LOVE M

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrulja		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: A Farrugia-Dec2017

## APPROVAL(S):

1 DOROTHY WALLIS

**PO# 2000 224936**

**SECTION G**

**OTHER CHARGES**

## SECTION G Coordinated Prenatal Care Services

P.O. # 2000 224936

\*\*\*Dec 2017 BILLED \*\*\*\*\*

**TOTAL ALL SUB REPORTS**

Cumm from Last Month	955 Cumm 2nd Visits Last Month	790
Number of New Participants	149 New 2nd Visits	228
Cummulative Participants	1104 Cumm 2nd Visits	1018

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	149	\$ 1,490.00
2 Positive Pregnancy Test	\$ 10.00	170	\$ 1,700.00
3 Negative Pregnancy Test	\$ 10.00	34	\$ 340.00
4 Abstinence Education	\$ 30.00	34	\$ 1,020.00
5 Counseling	\$ 40.00	191	\$ 7,640.00
6 Referral Services	\$ 10.00	215	\$ 2,150.00
7 Health Risk Assessment	\$ 30.00	228	\$ 6,840.00
8 Care Plan Development	\$ 30.00	115	\$ 3,450.00
9 On-going Care	\$ 30.00	126	\$ 3,780.00
10 Family Support Services	\$ 40.00	80	\$ 3,200.00
11 Home Outreach Support Services	\$ 75.00	51	\$ 3,825.00
12 Birth Outcome Confirmation	\$ 40.00	38	\$ 1,520.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		1,431	<b>\$ 36,955.00</b>

Amount Due	\$ 36,955.00
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**Summary:**

Care Pregnancy Clinic	\$ 14,965.00
Women's Resource Center of Natch LA	\$ 4,930.00
A Pregnancy Center	\$ 8,390.00
Access Pregnancy-(Catholic Charities)	\$ 2,140.00
Women's Life Ministries	\$ 1,970.00
Restoration House	\$ 3,640.00
CPC-Gonzales	\$ 920.00

<b>TOTAL ALL CENTERS</b>	<b>\$ 36,955.00</b>
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## Section G. OTHER CHARGES

Referral Reimbursement Report

Request for Reimbursement Form  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Care Pregnancy Clinic  
 Project Number      LCP17-18-01  
 Date of Report      01/01/2017 thru 01/31/2017 (Report Printed: 01/08/2018)  
 Report Submitted By      Deborah Clayton  
 Address      3813 N. Flannery Rd.  
 City State Zip      Baton Rouge, LA 70814

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

**REIMBURSEMENT**

New Pos. Clients:70 2nd:48 3rd:23 Pantry:86 Home:25 Postpartum:14

Description of Service	#Served	Reimb. Cost	Total
Intake Application	64	\$10	\$ 640
Positive Pregnancy Test	70	\$10	\$ 700
Negative Pregnancy Test	17	\$10	\$ 170
Abstinence Education	17	\$30	\$ 510
Counseling	70	\$40	\$ 2800
Referral Services	96	\$10	\$ 960
Health Risk Assessment	95	\$30	\$ 2850
Care Plan Development	47	\$30	\$ 1410
On-Going Care/Monitoring	47	\$30	\$ 1410
Family Support Services	27	\$40	\$ 1080
Home Outreach Support Services	25	\$75	\$ 1875
Birth Outcome Confirmation	14	\$40	\$ 560

Total Services      589

\$ 14965

2nd Positive and/or Negative Test Authorization

Adjustments:     

Total Billed     

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

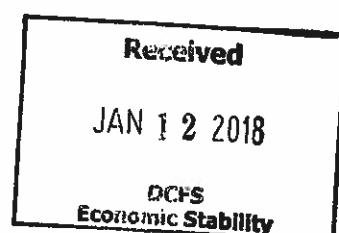
Director's Signature

*(Signature)*

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*



## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	350	Cumm 2nd Visits Last Month	280
Number of New Participants for This Month	64	New 2nd Visits	95
Cummulative Participants	414	Cumm 2nd Visits	375
<u>Client Services:</u>			
	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	64	\$ 640.00
2 Positive Pregnancy Test	\$ 10.00	70	\$ 700.00
3 Negative Pregnancy Test	\$ 10.00	17	\$ 170.00
4 Abstinence Education	\$ 30.00	17	\$ 510.00
5 Counseling	\$ 40.00	70	\$ 2,800.00
6 Referral Services	\$ 10.00	96	\$ 960.00
7 Health Risk Assessment	\$ 30.00	95	\$ 2,850.00
8 Care Plan Care	\$ 30.00	47	\$ 1,410.00
9 On-going Care	\$ 30.00	47	\$ 1,410.00
10 Family Support Services	\$ 40.00	27	\$ 1,080.00
11 Home Outreach Support Services	\$ 75.00	25	\$ 1,875.00
12 Birth Outcome Confirmation	\$ 40.00	14	\$ 560.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		589	\$ 14,965.00

Amount Due \$ 14,965.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59214	LCP CHECKING xxxxx6649	\$14,965.00

Tracking ID: 59214

Total Amount: \$14,965.00

Created: 01/09/2018 11:12 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 01/09/2018 11:12 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$14,965.00	XXXX6569	Checking	XXXX0153	

Addenda: Care Preg Ctr-Dec17

## APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Women's Resource Center of Natch La  
 Project Number      LCP17-18-04  
 Date of Report      01/01/2017 (Report Date) 01/01/2017 (Report Printed: 01/02/2018)  
 Report Submitted By      Danette Westfall  
 Address      107 North Street  
 City State Zip      Natchitoches, LA 71457

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

**REIMBURSEMENT**

New Pos. Clients:23 2nd:12 3rd:11 Pantry:29 Home:10 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	12	\$10	\$ 120
Positive Pregnancy Test	23	\$10	\$ 230
Negative Pregnancy Test	0	\$10	\$ 0
Abstinence Education	0	\$30	\$ 0
Counseling	23	\$40	\$ 920
Referral Services	33	\$10	\$ 330
Health Risk Assessment	33	\$30	\$ 990
Care Plan Development	12	\$30	\$ 360
On-Going Care/Monitoring	21	\$30	\$ 630
Family Support Services	11	\$40	\$ 440
Home Outreach Support Services	10	\$75	\$ 750
Birth Outcome Confirmation	4	\$40	\$ 160

Total Services      182      \$ **374930.00**

2<sup>nd</sup> Positive and/or Negative Test Authorization

Adjustments:

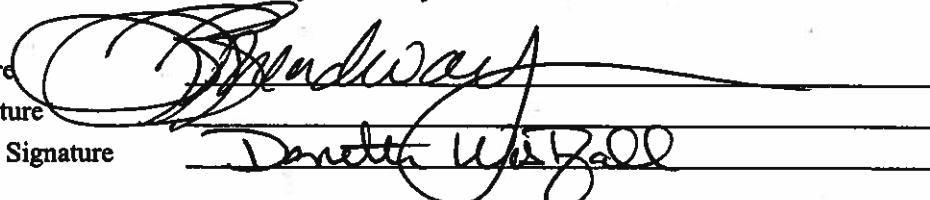


Total Billed



I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature



Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*



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## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	143	Cumm 2nd Visits Last Month	132
Number of New Participants for This Month	12	New 2nd Visits	33
Cummulative Participants	155	Cumm 2nd Visits	165

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	12	\$ 120.00
2 Positive Pregnancy Test	\$ 10.00	23	\$ 230.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	-	\$ -
5 Counseling	\$ 40.00	23	\$ 920.00
6 Referral Services	\$ 10.00	33	\$ 330.00
7 Health Risk Assessment	\$ 30.00	33	\$ 990.00
8 Care Plan Care	\$ 30.00	12	\$ 360.00
9 On-going Care	\$ 30.00	21	\$ 630.00
10 Family Support Services	\$ 40.00	11	\$ 440.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>182</b>	<b>\$ 4,930.00</b>

Amount Due \$ 4,930.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59222	LCP CHECKING xxxxx6649	\$4,930.00

Tracking ID: 59222

Total Amount: \$4,930.00

Created: 01/09/2018 11:13 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 01/09/2018 11:14 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATGH		\$4,930.00	XXXX078	Checking	XXXX2949	

Addenda: WRC Natch-Dec17

## APPROVAL(S):

1 DOROTHY WALLIS

Request for Reimbursement Form  
**LOUISIANA LIFE CHOICES PROJECT**  
 OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      A Pregnancy Center & Clinic  
 Project Number      LCP17-18-103  
 Date of Report      12/01/2017 thru 12/31/2017 (Report Printed: 01/02/2018)  
 Report Submitted By      Denise Williamson  
 Address      913 S. College Rd Ste 206  
 City State Zip      Lafayette, LA 70503

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

**REIMBURSEMENT**

New Pos. Clients:47 2nd:25 3rd:22 Pantry:55 Home:8 Postpartum:8

Description of Service	#Served	Reimb. Cost	Total
Intake Application	31	\$10	\$ 310
Positive Pregnancy Test	47	\$10	\$ 470
Negative Pregnancy Test	6	\$10	\$ 60
Abstinence Education	6	\$30	\$ 180
Counseling	47	\$40	\$ 1880
Referral Services	55	\$10	\$ 550
Health Risk Assessment	55	\$30	\$ 1650
Care Plan Development	25	\$30	\$ 750
On-Going Care/Monitoring	30	\$30	\$ 900
Family Support Services	18	\$40	\$ 720
Home Outreach Support Services	8	\$75	\$ 600
Birth Outcome Confirmation	8	\$40	\$ 320

Total Services      336      \$ 8390

2nd Positive and/or Negative Test Authorization

Adjustments:



Total Billed



I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

*Rachel M. Lein*  
*Rachel Washington*

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month	200	Cumm 2nd Visits Last Month	177
Number of New Participants for This Month	31	New 2nd Visits	55
Cummulative Participants	231	Cumm 2nd Visits	232

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	31	\$ 310.00
2 Positive Pregnancy Test	\$ 10.00	47	\$ 470.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	47	\$ 1,880.00
6 Referral Services	\$ 10.00	55	\$ 550.00
7 Health Risk Assessment	\$ 30.00	55	\$ 1,650.00
8 Care Plan Care	\$ 30.00	25	\$ 750.00
9 On-going Care	\$ 30.00	30	\$ 900.00
10 Family Support Services	\$ 40.00	18	\$ 720.00
11 Home Outreach Support Services	\$ 75.00	8	\$ 600.00
12 Birth Outcome Confirmation	\$ 40.00	8	\$ 320.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>336</b>	<b>\$ 8,390.00</b>

Amount Due \$ 8,390.00

104



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59224	LCP CHECKING xxxxx6649	\$8,390.00

**Tracking ID: 59224****Total Amount:** \$8,390.00**Created:** 01/09/2018 11:14 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxx6649**Authorized:** 01/09/2018 11:15 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 1/9/2018**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER.C		\$8,390.00	XXXX2775	Checking	XXXX0222	

**Addenda:** A Preg Ctr-Dec17**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Access - Catholic Charities  
 Project Number      LCP17-18-107-1  
 Date of Report      12/01/2017 (Report Date 2/28/2018) Report Printed: 01/06/2018  
 Report Submitted By      Kay Bongard  
 Address      921 Aris Avenue  
 City State Zip      Metairie, LA 70005

## IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date

## REIMBURSEMENT

New Pos. Clients:10 2nd:11 3rd:5 Pantry:37 Home:0 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	12	\$10	\$ 120
Positive Pregnancy Test	10	\$10	\$ 100
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	16	\$40	\$ 640
Referral Services	12	\$10	\$ 120
Health Risk Assessment	16	\$30	\$ 480
Care Plan Development	11	\$30	\$ 330
On-Going Care/Monitoring	5	\$30	\$ 150
Family Support Services	4	\$40	\$ 160
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services      88

S100021402

 2nd Positive and/or Negative Test Authorization

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	58	Cumm 2nd Visits Last Month	49
Number of New Participants for This Month	12	New 2nd Visits	16
Cummulative Participants	70	Cumm 2nd Visits	65
<u>Client Services:</u>			
	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	12	\$ 120.00
2 Positive Pregnancy Test	\$ 10.00	10	\$ 100.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	16	\$ 640.00
6 Referral Services	\$ 10.00	12	\$ 120.00
7 Health Risk Assessment	\$ 30.00	16	\$ 480.00
8 Care Plan Care	\$ 30.00	11	\$ 330.00
9 On-going Care	\$ 30.00	5	\$ 150.00
10 Family Support Services	\$ 40.00	4	\$ 160.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		88	\$ 2,140.00

Amount Due \$ ~~2,140.00~~



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

1/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 59225 LCP CHECKING xxxxx6649 \$2,140.00

**Tracking ID:** 59225

**Total Amount:** ~~\$2,140.00~~

**Created:** 01/09/2018 11:16 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 11:16 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	<del>CATHOLIC CHARITIES</del>	<del>2,140.00</del>		XXXXX21274	Checking	XXXXX0137	

**Addenda:** Catholic-Dec17

**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

R  
TR  
QW

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Women's Life Ministries  
 Project Number      LCP17-18-112  
 Date of Report      12/01/2017 thru 12/31/2017 (Report Printed: 12/28/2017)  
 Report Submitted By      Teresa Ragusa  
 Address      3813 N. Flannery Road  
 City State Zip      Baton Rouge, LA 70814

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Center ID
			Not Appr		

**REIMBURSEMENT**

New Pos. Clients:5 2nd:5 3rd:4 Pantry:11 Home:2 Postpartum:7

Description of Service	#Served	Reimb. Cost	Total
Intake Application	6	\$10	\$ 60
Positive Pregnancy Test	5	\$10	\$ 50
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	9	\$40	\$ 360
Referral Services	5	\$10	\$ 50
Health Risk Assessment	7	\$30	\$ 210
Care Plan Development	5	\$30	\$ 150
On-Going Care/Monitoring	6	\$30	\$ 180
Family Support Services	11	\$40	\$ 440
Home Outreach Support Services	2	\$75	\$ 150
Birth Outcome Confirmation	7	\$40	\$ 280

Total Services      65      \$ 1970

2<sup>nd</sup> Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

*Teresa Ragusa,  
Caroleen Wallin  
Rhonda Rossan*

Supervisor's Signature

Data Entry Clerk's Signature

**\*\*\* FOR OFFICIAL USE ONLY \*\*\***

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## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Life MinistriesLCP17-18-112

Cumm from Last Month	30	Cumm 2nd Visits Last Month	24
Number of New Participants for This Month	6	New 2nd Visits	7
Cummulative Participants	36	Cumm 2nd Visits	31

## REIMBURSEMENT

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	6	\$ 60.00
2 Positive Pregnancy Test	\$ 10.00	5	\$ 50.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	9	\$ 360.00
6 Referral Services	\$ 10.00	5	\$ 50.00
7 Health Risk Assessment	\$ 30.00	7	\$ 210.00
8 Care Plan Care	\$ 30.00	5	\$ 150.00
9 On-going Care	\$ 30.00	6	\$ 180.00
10 Family Support Services	\$ 40.00	11	\$ 440.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	7	\$ 280.00

TOTAL SUB-CONTRACTOR REIMBURSEMENT

65 \$ 1,970.00

Amount Due \$ 1,970.00



Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

1/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 59226 LCP CHECKING xxxxx6649 \$1,970.00

**Tracking ID:** 59226

**Total Amount:** \$1,970.00

**Created:** 01/09/2018 11:17 AM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxx6649

**Authorized:** 01/09/2018 11:17 AM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS LIFE MINISTRIES	WOMENS LIFE MINISTRIES	59226	\$1,970.00	XXXX24618	Checking	XXXX5690	

**Addenda:** WLM-Dec17

**APPROVAL(S):**

1 DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Restoration Pregnancy Resource Ctr.  
 Project Number      LCP17-18-116  
 Date of Report      12/01/2017 thru 12/31/2017 Report Printed: 12/22/2017  
 Report Submitted By      Tara Hudgins  
 Address  
 City State Zip

**IN KIND**

	Appr Value	Source Or Donor	Client Appr	Not Appr	Coun Mins	Date	Center ID
--	---------------	-----------------	----------------	-------------	--------------	------	--------------

**REIMBURSEMENT**

New Pos. Clients:14 2nd:10 3rd:10 Pantry:12 Home:4 Postpartum:5

<b>Description of Service</b>	<b>#Served</b>	<b>Reimb. Cost</b>	<b>Total</b>
Intake Application	16	\$10	\$ 160
Positive Pregnancy Test	14	\$10	\$ 140
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	24	\$40	\$ 960
Referral Services	10	\$10	\$ 100
Health Risk Assessment	18	\$30	\$ 540
Care Plan Development	14	\$30	\$ 420
On-Going Care/Monitoring	14	\$30	\$ 420
Family Support Services	8	\$40	\$ 320
Home Outreach Support Services	4	\$75	\$ 300
Birth Outcome Confirmation	5	\$40	\$ 200

Total Services      131      \$ 3640

**2nd Positive and/or Negative Test Authorization**

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Dorothy Wallis*  
*Janice D.*  
*Kristi Behrnes*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	115	Cumm 2nd Visits Last Month	109
Number of New Participants for This Month	16	New 2nd Visits	18
Cummulative Participants	131	Cumm 2nd Visits	127

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	16	\$ 160.00
2 Positive Pregnancy Test	\$ 10.00	14	\$ 140.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	24	\$ 960.00
6 Referral Services	\$ 10.00	10	\$ 100.00
7 Health Risk Assessment	\$ 30.00	18	\$ 540.00
8 Care Plan Care	\$ 30.00	14	\$ 420.00
9 On-going Care	\$ 30.00	14	\$ 420.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	4	\$ 300.00
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>131</b>	<b>\$ 3,640.00</b>

Amount Due \$ 3,640.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59302	LCP CHECKING xxxxx6649	\$3,640.00

Tracking ID: 59302

Total Amount: \$3,640.00

Created: 01/09/2018 12:39 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxx6649

Authorized: 01/09/2018 12:39 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$3,640.00	XXXX176	Checking	XXXX5459	

Addenda: Restoration-Dec17

## APPROVAL(S):

1 DOROTHY WALLIS

Request for Reimbursement Form  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales  
 Project Number LCP17-18-01-1  
 Date of Report 12/01/2017 thru 12/31/2017 (Report Printed: 12/29/2017)  
 Report Submitted By Michelle Dyess  
 Address 322 E. Worthy  
 City State Zip Gonzales, LA 70737

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		
			Not Appr	Coun Mins	Center Date ID

**REIMBURSEMENT**

New Pos. Clients:1 2nd:1 3rd:1 Pantry:4 Home:2 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	8 ✓	\$10 ✓	\$ 80 ✓
Positive Pregnancy Test	1 ✓	\$10 ✓	\$ 10 ✓
Negative Pregnancy Test	7 ✓	\$10 ✓	\$ 70 ✓
Abstinence Education	7 ✓	\$30 ✓	\$ 210 ✓
Counseling	2 ✓	\$40 ✓	\$ 80 ✓
Referral Services	4 ✓	\$10 ✓	\$ 40 ✓
Health Risk Assessment	4 ✓	\$30 ✓	\$ 120 ✓
Care Plan Development	1 ✓	\$30 ✓	\$ 30 ✓
On-Going Care/Monitoring	3 ✓	\$30 ✓	\$ 90 ✓
Family Support Services	1 ✓	\$40 ✓	\$ 40 ✓
Home Outreach Support Services	2 ✓	\$75 ✓	\$ 150 ✓
Birth Outcome Confirmation	0 ✓	\$40 ✓	\$ 0 ✓

Total Services 40 \$ 920

2nd Positive and/or Negative Test Authorization

Adjustments:



Total Billed



I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

*Michelle Dyess*

Supervisor's Signature

*Michelle Dyess*

Data Entry Clerk's Signature

*Michelle Dyess*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

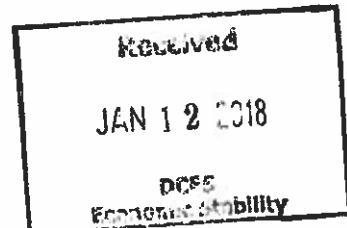
P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	59 Cumm 2nd Visits Last Month	19
Number of New Participants for This Month	8 New 2nd Visits	4
Cummulative Participants	67 Cumm 2nd Visits	23

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	8	\$ 80.00
2 Positive Pregnancy Test	\$ 10.00	1	\$ 10.00
3 Negative Pregnancy Test	\$ 10.00	7	\$ 70.00
4 Abstinence Education	\$ 30.00	7	\$ 210.00
5 Counseling	\$ 40.00	2	\$ 80.00
6 Referral Services	\$ 10.00	4	\$ 40.00
7 Health Risk Assessment	\$ 30.00	4	\$ 120.00
8 Care Plan Care	\$ 30.00	1	\$ 30.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	1	\$ 40.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		40	\$ 920.00

Amount Due \$ 920.00

116



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59305	LCP CHECKING xxxxx6649	\$920.00

**Tracking ID: 59305**

**Total Amount: \$920.00**

**Created: 01/09/2018 12:40 PM**

**Total Payments: 1**

**Created By: DOROTHY WALLIS**

**From: LCP CHECKING xxxxx6649**

**Authorized: 01/09/2018 12:41 PM**

**ACH Class Code: CCD**

**Authorized By: DOROTHY WALLIS**

**ACH Header: CARING TO LOVE M**

**Will process On: 1/9/2018**

**Effective: 1/10/2018**

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC	59305	\$920.00	XXXX6569	Checking	XXXXX0153	

**Addenda:**

CPC Gonzales Dec 17

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936**

**SECTION I**

**INDIRECT COST**

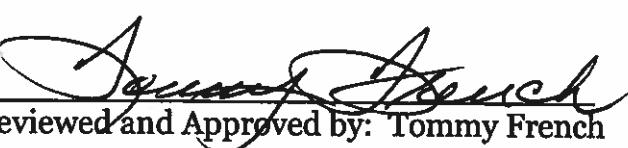


# Invoice

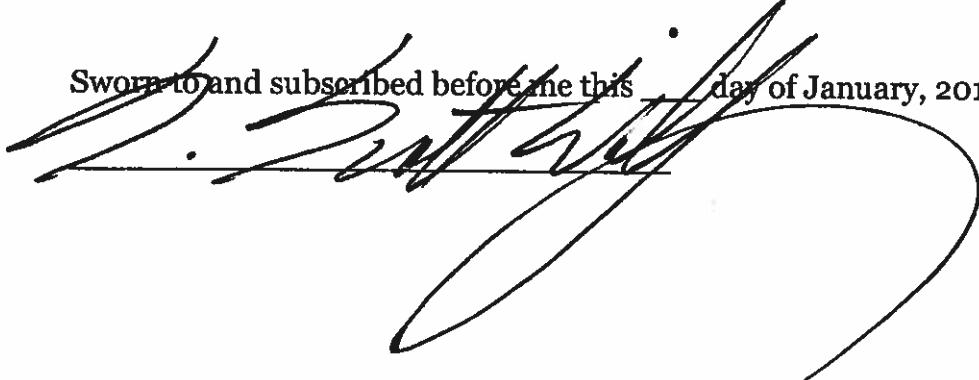
December 2017

Dorothy Wallis  
3813 North Flannery  
Baton Rouge, LA 70814  
(225) 215-0004 office  
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

  
Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this \_\_\_\_\_ day of January, 2018



S. SCOTT WILFONG  
NOTARY PUBLIC  
ID # 82151  
commission does not expire



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59128	LCP CHECKING xxxxx6649	\$4,500.00

**Tracking ID: 59128**

**Created:** 01/09/2018 10:11 AM

**Created By:** DOROTHY WALLIS

**Authorized:** 01/09/2018 10:11 AM

**Authorized By:** DOROTHY WALLIS

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

**Addenda:** D Wallis-Dec 2017

**APPROVAL(S):**

1 DOROTHY WALLIS

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: December 2017

Employee's Name:

Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total Hours	
LLCP	6.8	34	0	85	85	71	7.2	77	43	0	9.4	9.4	6.8	6.8	3.4	0	8.5	7.7	7.1	6.8	6.8	3.4	0	0	0	0	6.8	7.7	7.2	6.0	162.350.0	
ADMIN	1.2	6	0	1.5	1.5	1.4	1.4	1.4	1.4	0	1.7	1.7	1.2	1.2	1.2	1.2	1.2	1.2	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	50	28.650.0		
Hours	8	4	0	10	10	9	9	9	9	5	0	11	8	8	8	4	0	10	9	9	8	8	4	0	0	0	8	9	9	3	0	191.00

Employee Signature:

Worthington, Wales, Date: Jan 5, 2018

Date:

Supervisor Signature:

1/4/18

1028

GBS77117000183020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814

Group ID : 27A61ERC  
Subgroup ID's 0000

27A61ERC  
0000

Due Date: 12/15/2017  
Billing Date: 11/29/2017

Invoice Period From : 12/15/2017  
Invoice Period Through: 01/14/2018  
Invoice Number : 173330001147

Subscriber Count: 2

Outstanding Balance..... \$2,134.03 *paid in person  
11/30/17*  
 Premiums This Period..... \$2,134.03  
 Member Adjustments..... \$0.00  
 Fees and Other Adjustments..... \$0.00  
 Current Billed Amount..... \$2,134.03

*Please Pay Total Amount Due**5225 Employee Benefits-CDC*

3202500000 2017-11-30

04BA0028 R02/16

continued ↗

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
 HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
 All three companies are independent licensees of the Blue Cross and Blue Shield Association.

## SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

122

**Group Name:** CARING TO LOVE MINISTRIES  
**Group ID:** 27A61ERC  
**Subgroup ID:** 0000  
**Due Date:** 12/15/2017

► A001 - ACTIVE EMPLOYEES

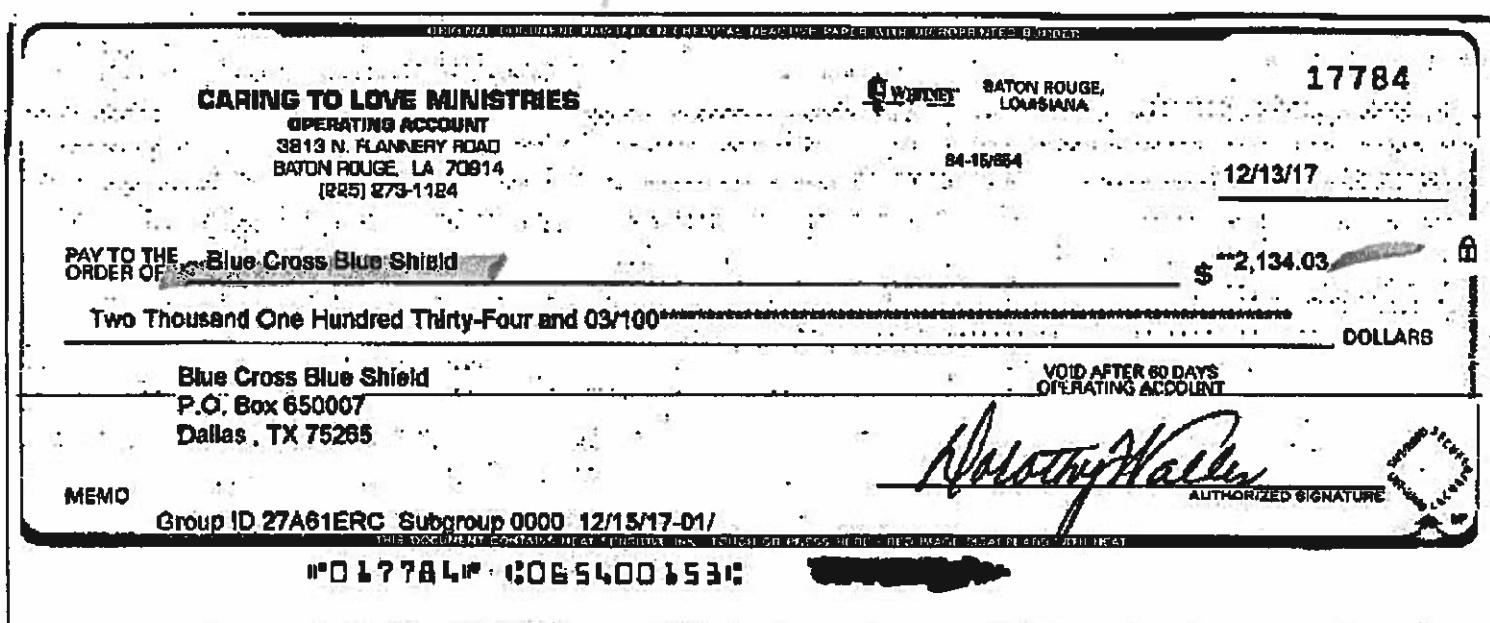
Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Hardee, Kim A	22227628	PPO	\$0.00	\$1,244.65	0	\$1,244.65
Wällis, Dorothy T	200579064	PPO	\$0.00	\$889.38	0	\$889.38
<b>Totals</b>						<b>\$2,134.03</b>

**SECTION I Indirect Cost-Insurance**

**LCP Budget to reimburse CTLM = \$250.00 for month**

## Transactions Details

Posting Date	12/19/2017
Transaction Date	12/19/2017
Description	DDA CHECK 0000017784
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$12,416.09



## SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

124  
1/1